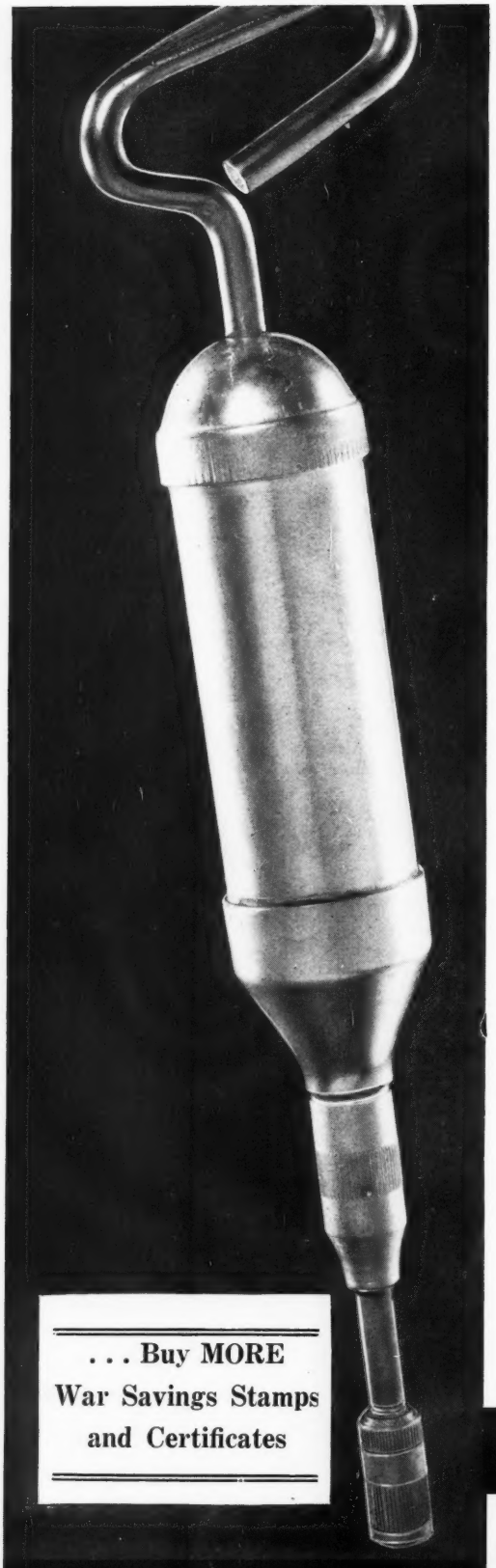
THE CANADIAN HOSPITAL

OFFICIAL JOURNAL
CANADIAN HOSPITAL COUNCIL

DECEMBER, 1944



IT'S DANGEROUS
NOT TO USE THIS GUN

In addition to places lubricated with oil o: by grease cups, there are parts of your laundry machines that require pressure grease lubrication. Special fittings for this purpose are provided by the manufacturer. Because it is hard to see to what extent pressure-grease fittings are filled, the only *safe* way is to *use a grease gun REGULARLY ... RELIGIOUSLY* ... making sure no grease-gun fittings are overlooked.

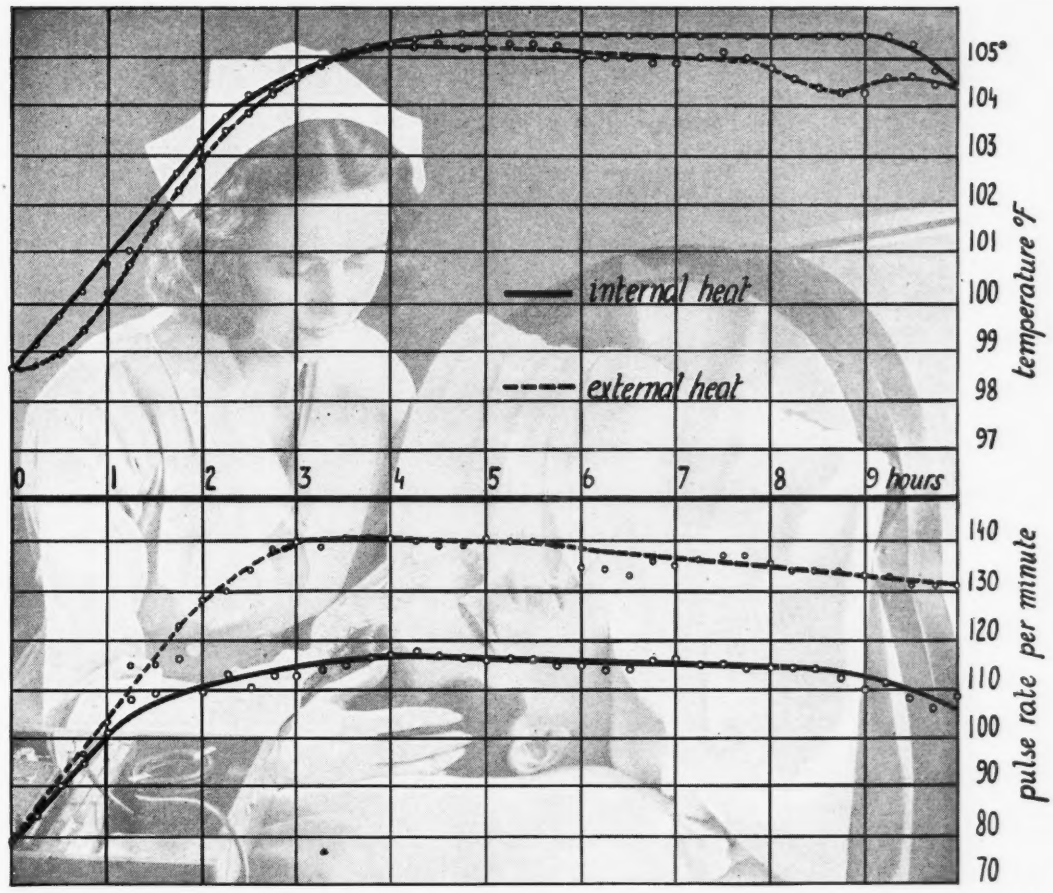
Periodic use of a grease gun is protection against the danger of a serious breakdown in your laundry. *There must be no breakdown now!* Remember, *LUBRICATION* is *CONSERVATION.*

—■—

The
Canadian Laundry Machinery Co., Limited

47-93 Sterling Road, Toronto 3, Ont.

... Buy MORE War Savings Stamps and Certificates



Effect of external and internal heat on the pulse rate at comparable rectal temperatures. From *Physiology of Hyperpyrexia* (S. L. Osborne), Dissertation for the Doctorate, Northwestern University, 1940.

FEVER THERAPY WITH MINIMAL INCREASED PULSE RATE

As a result of long experience and extensive research in fever therapy, current literature points with increasing frequency to the important difference between *external* and *internal* heating, the two methods most generally used to raise the body temperature and maintain it at fever level for several hours.

The contention is, that the use of external heating *alone,* i. e., a cabinet in which heated and humidified air is directed over the patient to produce and maintain fever, reverses the thermal gradient of the body by heating the skin higher than the viscera.

To circumvent this effect, the combined use of such a cabinet with the high frequency induction field is recommended. Thus the induction field (for *internal* generation of heat) is utilized to elevate the patient's temperature to the desired plateau, after which the cabinet serves merely as a thermal insulator to minimize heat loss from the patient. The composite curves of rectal temperature and pulse rate, shown above, effectively depict the resulting advantage of this method over external heating alone.

When the G-E Inductotherm is used in combination with the G-E Fever Cabinet, your patient is assured of conditions which not only minimize discomfort but also contribute toward greater safety while undergoing each treatment. And to substantiate this statement, we shall be glad to send reprints of authoritative articles. Ask for Reprint Set No. K812.

Contents

Vol. 21 **DECEMBER, 1944** No. 12

The Canadian Hospital is the Official Journal of The Canadian Hospital Council

CCAB

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Customs, Too, Become Obsolete

JUST as the witch doctor of old has lost his wiles, so also are methods formerly employed in expressing the potency of liver preparations in terms of raw liver rapidly becoming obsolete. Science, research, and vision, in harmony with modern laboratory technique and alert to great responsibilities, have provided the medical profession with antianemia materials possessing a true index of potency . . . clinical standardization.

'Extralin' (Liver-Stomach Concentrate, Lilly), designed primarily for the treatment of pernicious anemia, is clinically standardized on known cases. Daily dosage of twelve pulvules of 'Extralin' produces a standard response in the average uncomplicated case of Addisonian pernicious anemia in relapse, although many patients respond to smaller doses.

Lilly

ELI LILLY AND COMPANY (CANADA) LIMITED • TORONTO, ONTARIO

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The Federation of Hospital Associations in Canada in co-operation with the Federal and Provincial Governments and the Canadian Medical Association

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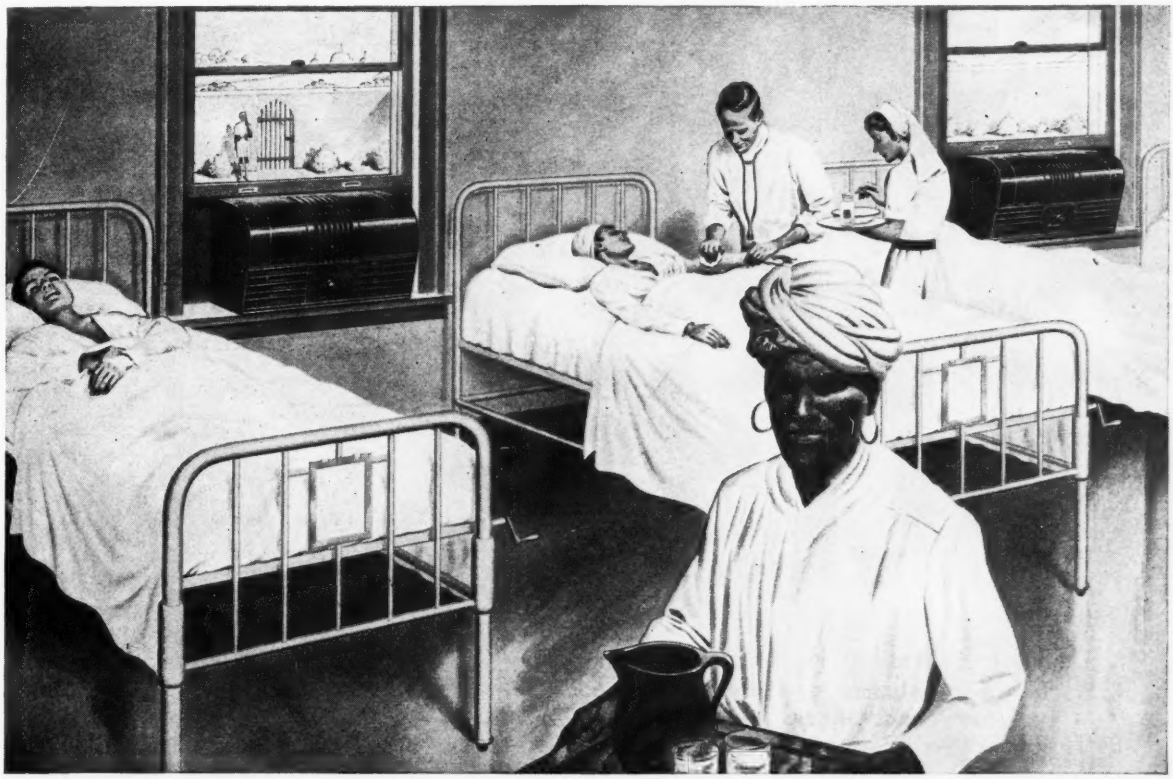
IN THE NAME OF HUMANITY *Less Humidity!*



"COMFORT" AIR CONDITIONING is not the war casualty you might think. It's still getting around...

The same York portable air conditioning units that might otherwise be making life easy in Canadian hospitals, offices or homes are off to such far-flung fighting fronts as tropical India, where temperatures of 110° F. and above, and humidities of 80% and more, are common. There, in British Army hospitals, these compact self-contained air conditioning units guard against perspiration-borne infection in soldiers' open wounds. They also relieve suffering and discomfort . . . speed the convalescence of the wounded and sick.

When air conditioning, curiosity of the twenties, star attraction of the thirties, passes the grim years of war it will be available to relieve suffering and hasten healing here at home.... In this work of mercy Cimco-York engineers will lead the way. Therefore, we invite enquiries from architects and hospital superintendents for peacetime planning.

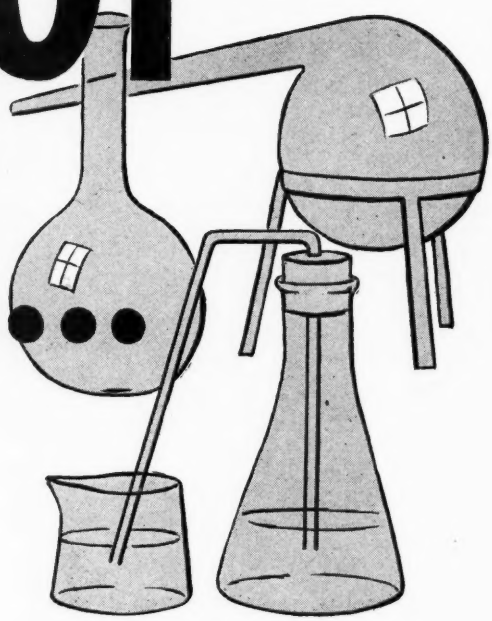
York refrigeration air conditioning

CIMCO-YORK

REFRIGERATION, AIR CONDITIONING AND HEATING

CANADIAN ICE MACHINE COMPANY, LTD., TORONTO • BRANCH OFFICES: HALIFAX, MONTREAL, WINNIPEG, CALGARY, VANCOUVER

ALL *Cleansers* ARE NOT ALIKE



There's a reason . . . no matter how much two compounds may look alike . . . all compounds are not alike . . . McKemco Dish Washing and Specialized Laundry Compounds are scientifically prepared by our chemists to meet specific water conditions in your plant.

McKemco chemists have a comprehensive knowledge of water conditions in practically every location — this PLUS their skill and experience in preparing cleansers and compounds makes it possible to supply to you a product "tailor made" to your individual requirements.

We enjoy cleansing problems when they concern you . . . so don't be backward in coming forward with your troubles . . . we will be pleased to give you every assistance . . . phone or write.

DISH WASHING COMPOUND

The hardness of the water in your locality should determine the type of dishwashing compound you use. We custom-build our cleansers to suit your own local conditions—not only for efficient cleansing but ALSO to prevent the formation of scale on your machine.

SPECIALIZED LAUNDRY COMPOUNDS

Here again, we are prepared to meet prevailing water conditions to assure high detergency value and low tensile strength loss to the fabrics.

McKEMCO DETERGENT

For cleaning tile, terrazo, basins, bathtubs, sinks, etc. Maximum cleaning properties with minimum abrasive action.

STERILIZER

ROCCAL . . . the new sterilizing compound for glasses and dishes. Gives positive sterilizing and has no odour. It does not irritate operators' hands.

CHEMICALLY CORRECT — McKEMCO Products

McKAGUE CHEMICAL COMPANY

MANUFACTURERS AND DISTRIBUTORS OF

SPECIALIZED CLEANERS AND ALKALIES

1119A YONGE STREET — TORONTO, CANADA

ANTISEPSIS

Prevention or Cure

'*Streptococcus pyogenes* and *B.coli*, even in 'the presence of pus, are killed within two 'minutes by a two per cent. solution . . . 'moreover, when Dettol is dried on the skin 'it confers protection for several hours against 'contamination by hæmolytic streptococci.'

J. Obstet. Gynæc, 1933, **40.** 966.

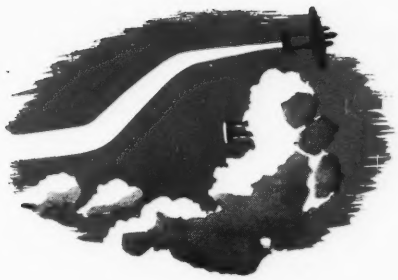
In the advance of medicine war has always been the great catalyst. Today we see a quickening of the tempo of research into the chemotherapy of infections — the synthesis of ever more effective compounds for enhancing the body's resistance to bacterial invasion.

But in the operating theatre, in the labour ward, in the first-aid post, wherever the battle against infection is fought, there can be no relaxation in the ritual of antisepsis — no compromise in the principle that the greatest triumph over infection lies in its prevention.

At this time more than ever the chosen weapon in the first defensive line is Dettol—the general purposes antiseptic that has virtually superseded all others in hospitals throughout the Empire. In Britain's great lying-in hospital, Queen Charlotte's, the introduction of this product was followed by an over 50% decline in hæmolytic streptococcal infection – long before effective chemotherapeutic means for combating the fully developed infections became available. Experiments have shown that Dettol not only destroys pathogenic bacteria but renders the skin immune to reinfection for a period measured in hours. Moreover, it retains high bactericidal potency in the presence of blood, pus and other organic matter; and, being non-caustic, it is applicable at full strength to raw wounds and surfaces without causing pain or inhibiting the natural processes of repair.

Every extension in the use of Dettol, in the hospital and the home, for the protection of the patient and the doctor, reduces the incidence of infections which call for curative measures. Cure is more spectacular than prevention but prevention is still better than cure.

RECKITT & COLMAN (CANADA) LIMITED, PHARMACEUTICAL DEPARTMENT, MONTREAL



Quick and Sustained Elevation

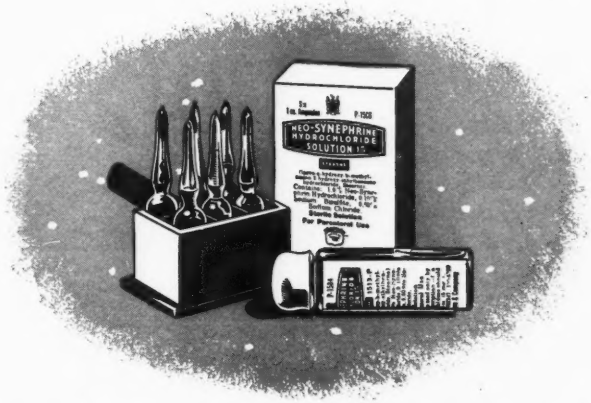
In surgical emergencies, this powerful vasopressor promptly restores ample blood pressure and maintains it for adequately prolonged periods.

Moreover, these results are attained without appreciable central nervous stimulation or adverse cardiac reactions, and effectiveness is undiminished by repeated use.

Neo-Synephrine

Hydrochloride

(laevo-alpha-hydroxy-beta-methylamino-3-hydroxy-ethylbenzene-hydrochloride)



Supplied in 1 cc. ampuls; and in rubber-capped vials containing 5 cc. of sterile 1% solution. Average subcutaneous dose: 0.5 cc.

Frederick Stearns & Company

OF CANADA, LIMITED

WINDSOR, ONTARIO

New York Kansas City San Francisco DETROIT, MICH. Sydney, Australia Auckland, New Zealand

Across the Desk

By C. A. E.

Plastic Surgery Centre

QUEEN Victoria Hospital in Sussex, England, is perhaps the leading plastic and jaw injury treatment centre in the world. Upwards of 7,000 disfigured servicemen of the United Nations have been treated here.

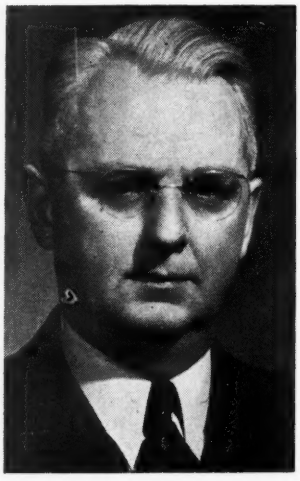
Post-graduate training facilities have been made available to over 200 surgeons from abroad in order that they may learn how to administer the type of first aid practised at this renowned hospital.

Disfigurement requiring plastic surgery is frequently needed for airmen burned in plane crashes, and by soldiers and sailors suffering from lesions after being in action. Time consuming plastic surgery can be undertaken later when circumstances permit.

* * * *

Ingram & Bell Appoints Sales Manager

Mr. W. E. Eagles has been appointed General Sales Manager of Ingram & Bell Limited and assumed his duties on November 1st. Mr. Eagles graduated from the Ontario College of Pharmacy in 1916 and has been in the employ of the Company for the past eighteen years. During the last eight years he was Professional Service Representative for the company in South-Western Ontario.



W. E. Eagles.

Ingram & Bell Limited also on November 1st inaugurated a Pension and Retirement Plan for all employees who have had five years or more service in their employ.

Announcement of the plan and its details was made by Mr. C. C. White, President, at a special meeting of all employees on November 1st. It was enthusiastically received and although the joining of the plan is entirely voluntary on the part of employees, one hundred per cent of those eligible have already completed their applications for joining.

* * * *

Diathermy and Radio Interference

Need the field of communications and radio interfere with the promotion of the nation's health?—this is basically the question before the Federal Communications Commission in Washington, hearing testimony on short-wave band frequency allotments.

The case of health and hospitals is being presented by

(Continued on page 16)

Lovely, Serene

Prince Edward Island

In 1879 the Sisters of Charity (Grey Nuns) of Quebec came to Charlottetown to take charge of a small hospital, the beginning of the present Charlottetown Hospital, now in charge of the Sisters of St. Martha.

Prince Edward Island Hospital was established in 1883, but the original hospital building was erected in 1898. The Provincial Sanatorium was sponsored in 1929 by the Women's Institutes of Prince Edward Island. The sanatorium was opened June 9, 1931. The Prince County Hospital at Summerside was founded in 1910 through the kind generosity of Thomas E. Ramsey.

The first attempt to deal in a general manner with the care and protection of the insane in P.E.I. followed a resolution of the house of assembly adopted on April 9, 1831. The first order for admission, however, was not given until May 4, 1847, when eight patients were directed to be received. Falconwood Hospital now has accommodation for 280 beds.

We extend best wishes to the hospitals of P.E.I. for their continued success and development.

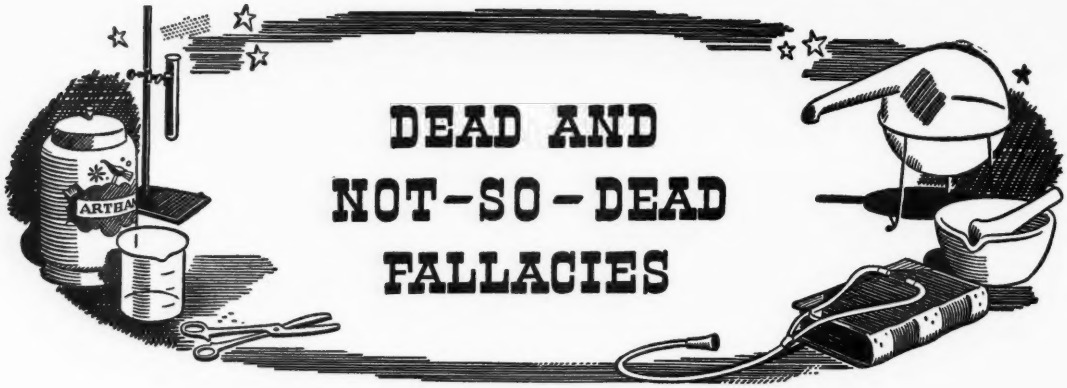
TRADE MARK

The trademark of an old established organization that is equipped to give hospital buyers, physicians and surgeons the best possible service under wartime conditions.

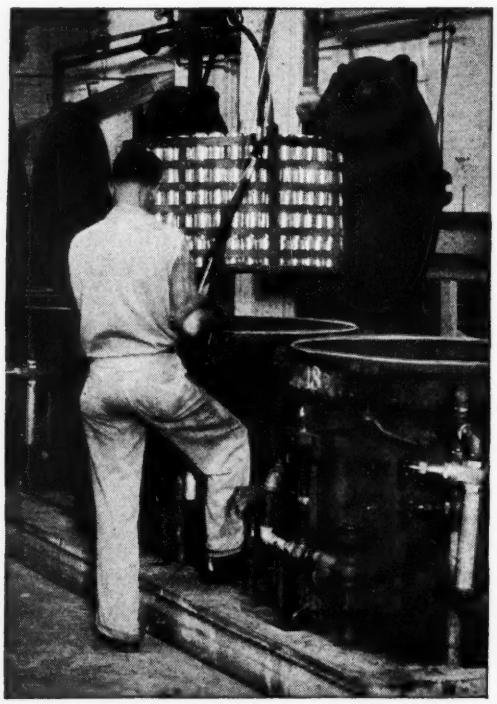
THE J. F. HARTZ CO., LIMITED

1454 McGill College Ave.
MONTREAL

32-34 Grenville St.
TORONTO



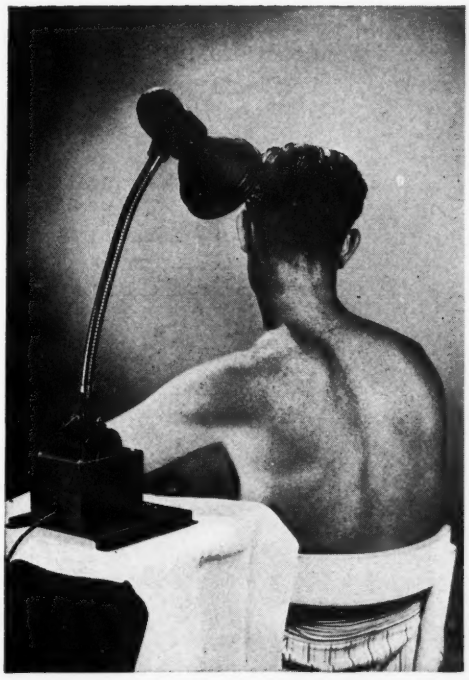
PERKINS TRACTORS, two short bars of different metals, caused an 18th century sensation. When an ailing body was stroked with them, the ailment was supposed to be subsequently cured. Actually, the mental effect induced was its only value.



CANNED FOODS are raw and need to be cooked. This idea is still believed today, although entirely untrue. The above illustration shows canned food being processed by heat at controlled temperatures higher than those obtainable in the home.

As you know, canned foods are thoroughly cooked, the heat making them bacteriologically sterile. The airtight seal prevents outside contamination. To prepare, they need heating to suit individual taste. Many products are served cold.

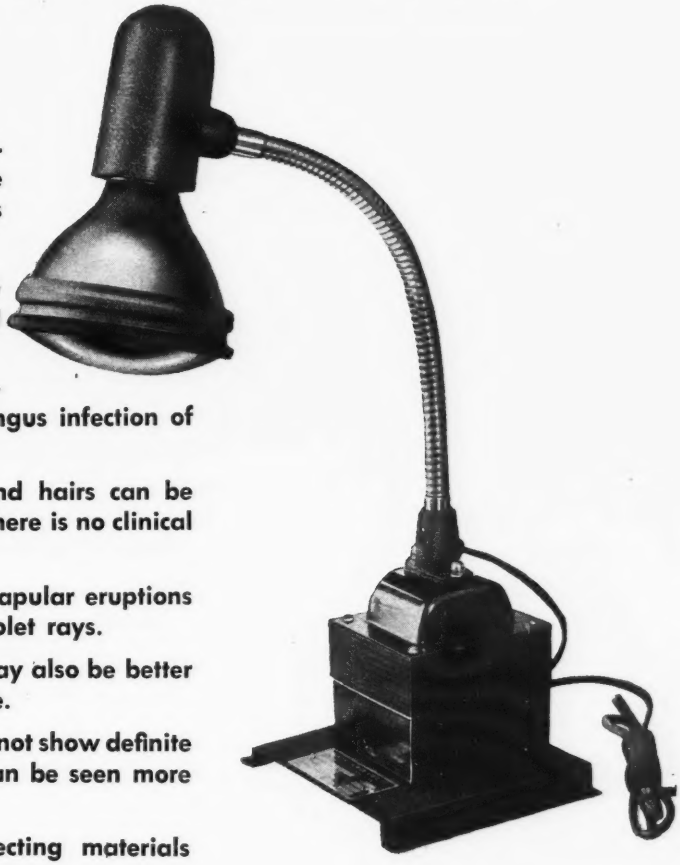
AMERICAN CAN COMPANY, HAMILTON, ONTARIO;
AMERICAN CAN COMPANY LTD., VANCOUVER, B. C.



THE HANOVIA INSPECTOLITE

AN AID IN DIAGNOSIS *with* *FILTERED* ULTRAVIOLET RAYS

An Important Application: Detection of Fungus Infection of the Scalp.



Hanovia Inspectolite Model is an intensive ultraviolet high-pressure light source that has fluorescent-exciting properties —an aid in diagnosis.

Easy to handle, compact and convenient, it also features low initial and operating costs.

An important application in dermatologic diagnosis is in the detection of fungus infection of the scalp.

Fluorescent fungus infected patches and hairs can be visualized with this source often when there is no clinical evidence of tinea capitis.

Evolving and fading syphilitic maculopapular eruptions are made visible under filtered ultraviolet rays.

Eruption of many chronic dermatoses may also be better discerned with the Hanovia Inspectolite.

Cutaneous and mucous lesions which do not show definite color contrast with their background, can be seen more distinctly.

Considerable aid is provided in detecting materials which commonly cause dermatitis venenata.

HANOVIA *Chemical & Mfg. Co.* *Dept. CH-19* **NEWARK 5, N.J., U.S.A.**

(Continued from page 12)

Dr. Warren P. Morrill, director of research of the American Hospital Association.

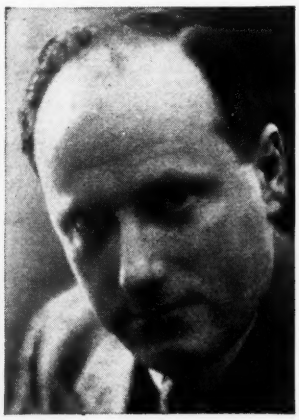
Hospitals are well satisfied with the existing bands allowed them, according to reports received at American Hospital Association headquarters in Chicago. Diathermy, or treatment with heat generated by radio waves, has become an integral part of modern therapeutic treatment and is regarded as the major and most promising agent used in physical therapy. Important as it is in peacetime medicine, it seems destined to play an even greater role in the rehabilitation of disabled veterans.

Only three bands in the spectrum are of present importance to hospitals and physicians, but it is in the breadth of these bands, that is, the tolerance allowed, that hospitals are so vitally concerned and justify their requests for retention of those now allowed them by the FCC, said Dr. Morrill.

* * * *

Moffats to Sell Crosley Products

Mr. D. R. Moffat, Vice-President and General Manager of Moffats Limited, Weston, Ontario, has just announced that working arrangements have been completed between his Company and the Crosley Corporation under which a complete line of Crosley products, including Shelvador and Home Freezing units will be manufactured and distributed in Canada by Moffats Limited.



D. R. Moffat.

Under the immediate direction of Mr. Moffat, arrangements are being made to swing into full production as soon as possible after the manufacture of essential war goods ceases.

* * * *

How to Use Elastoplast

Modern surgical technique calls for the use of Elastoplast in a variety of conditions where, previous to the introduction of elastic plaster, it was not desirable to use strapping of any kind. To obtain the best results from this new product it is essential to study those methods of application which have been devised and practised by leading surgeons in our best-known hospitals.

Fortunately these methods have been illustrated in numerous original contributions to medical journals during the last few years, and it was thought desirable to collate these diverse techniques and issue them in an illustrated handbook, for the exclusive use of members of the medical, nursing and allied professions.

The Elastoplast Handbook (with 44 illustrations) is the result of this collation. Surgeons, Chiefs and members of Medical Staffs, Hospital Administrators and Superintendents of Nurses will find it intensely interesting, describing as it does a host of practical applications of this comparatively new product.

Copies of the handbook may be had by writing to

A Highly Efficient Germicide in a more convenient form for Sterilizing Suture Tubes

KALMERID GERMICIDAL TABLETS

Kalmerid Germicidal Tablets provide potassium-mercuric-iodide—a valuable antisepticizing and disinfecting agent —in a *pure, stable,* soluble and convenient form for the sterilization of suture tubes. A solution of one Kalmerid Germicidal Tablet in one liter of 70% alcohol makes a reliable and easily prepared medium. In this solution the tubes sink of their own weight and remain completely submerged.

Potassium-mercuric-iodide has advantages over certain of the more generally known germicides for a variety of other uses also. It exceeds bichloride of mercury in bactericidal potency, is readily soluble, comparatively low in toxicity, free from irritant action, and forms no soluble combinations with proteins.

Solutions of any strength may be made easily and efficiently with Kalmerid Germicidal Tablets.

Further information on their action, uses and advantages will be sent promptly on request.

DAVIS & GECK, INC.

57 WILLOUGHBY STREET, BROOKLYN 1, N. Y.

D&G SUTURES ARE OBTAINABLE THROUGH RESPONSIBLE DEALERS EVERYWHERE

In iron deficiency anaemias

'TABLOID'
BRAND

'FERAD'

No. 2

Iron in the ferrous state is generally considered as being the most effective form for the treatment of iron-deficiency anaemias. 'Tabloid' brand 'Ferad' No. 2 contains 3 grains of anhydrous ferrous sulphate. The soluble alkali incorporated in the formula performs an important function in counteracting the astringency of the ferrous salt, thus ensuring satisfactory gastric tolerance of large doses.
It is a well-tolerated, effective and economical preparation.

Each sugar-coated product contains

Ferrous Sulphate, Anhydrous, - - - - - - - - - gr. 3
(equivalent to gr. 5½ ferrous sulphate, B.P.)
Sodium Carbonate, Anhydrous, - - - - - - - - - gr. 2

Bottles of 100 and 500 products.

BURROUGHS WELLCOME & CO.

(The Wellcome Foundation Ltd.)

MONTREAL

ASSOCIATED HOUSES. LONDON - NEW YORK - SYDNEY
CAPE TOWN - BOMBAY - SHANGHAI - BUENOS AIRES

HEIDBRINK
OXYGEN THERAPY EQUIPMENT

answers your most exacting requirements

TWO important factors are always considered by the Heidbrink Technical Staff in designing Heidbrink equipment—first, the present-day requirements of the medical profession, and second, the welfare of the patient.

You'll find both of these answered in Heidbrink oxygen therapy apparatus. This equipment is modern in design, unexcelled for dependability, with safety, efficiency and economy in performance.

Write for complete descriptive literature on any or all Heidbrink Oxygen Therapy Apparatus.

• HEIDBRINK OXYGEN TENTS

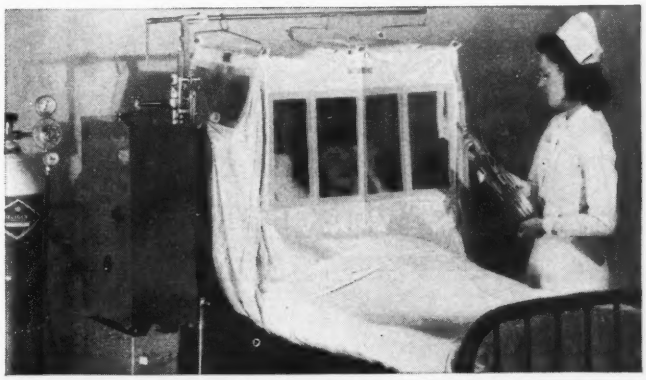
These tents have many features which meet the needs of the most exacting therapist and yet provide maximum comfort for the patient. Ample circulation of oxygen is assured and a wide range of temperatures is available. All duties incident to the operation of Heidbrink tents can be performed by one person.

• HEIDBRINK OROPHARYNGEAL CATHETER OUTFITS

In the treatment of respiratory diseases and for post operative ventilation, an oropharyngeal catheter unit is a highly efficient outfit, simple in technique and readily portable.

• B-L-B OXYGEN THERAPY UNIT

With this unit oxygen concentration can be varied at will and concentrations as high as 100% pure oxygen be obtained. Operation is efficient, simple and economical. Two types of masks, light weight and comfortable—the nasal and the oronasal—in two sizes are available.



OHIO

OXYGEN COMPANY OF CANADA, LIMITED

2535 ST. JAMES STREET WEST, MONTREAL, QUEBEC
180 DUKE STREET, TORONTO, ONTARIO

Army-Navy E and Maritime M awarded to the Heidbrink Division for production achievement.

OXYGEN COMPANY OF CANADA, LIMITED
180 Duke Street, Toronto, Ontario

Please send information on:

- ☐ Heidbrink Oxygen Tents
- ☐ Heidbrink Oropharyngeal Catheter Outfits
- ☐ B-L-B Oxygen Therapy Units

Name _____

Address _____

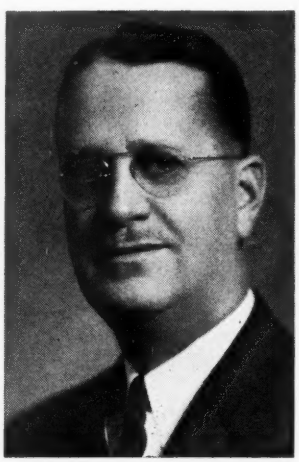
City _____ Prov. _____

* * * *

Perfumed Nurseries

A perfumer who specializes in scents for children has introduced a "nursery air refresher" which perfumes the air with fragrances created expressly for the very young. Some of them are strongly reminiscent of candy and fruit. One is called a "Wick-in-Box", which is a jack-in-the-box idea. There are four interchangeable heads for the top of the bottle and when in use the heads are unscrewed and left hanging on the thick wick by which the air is then filled with the fragrance contained in the bottle, reports *Drug and Cosmetic Industry.* Then there is a Nursery Air Scent, a block-on-block idea, also with several interchangeable heads. For the older generation, there is "To Your Health", a sculptured hand on top of a block. You unscrew the hand and the air is filled with a floral scent.

* * * *



Now Sales Director for Gumpert's

A. R. (Dick) Haviland has recently been appointed Director of Sales for all divisions of the S. Gumpert Co. of Canada, Limited. Mr. Haviland has been associated with the company for many years, the last five as institutional divisional manager and is particularly well known in the institutional field throughout Canada.

* * * *

Santa's Surprise

(Recipe for Cherry Ice Cream)*

Dissolve 1 rennet tablet by crushing in 1 tbsp. cherry juice. Add ½ cup sugar and few drops red food colouring (if desired) to 2 cups light cream. Warm slowly, stirring constantly. Test a drop on inside of wrist frequently. When COMFORTABLY WARM (110 F.) *not hot,* remove at once from heat. Add dissolved rennet tablet and stir quickly for a few seconds only. Pour at once, *while still liquid,* into refrigerator tray. Let stand at room temperature until set—about 10 minutes. Place in freezing compartment and freeze until firm. Remove from tray to a bowl, break up with a fork and beat with an electric or rotary beater until free from hard lumps but still a thick mush. Add ½ cup chopped maraschino cherries, beat quickly into the mixture. Finish freezing.

*For institutional use multiply quantities. — *The "Junket Folks" Food Servicer.*

* * * *

No Repeat Orders

The proud father called up the newspaper to report the birth of twins.

News Editor (not hearing clearly): "Will you repeat that?"

Father: "Not if I can help it."

PENICILLIN

MERCK

The first Penicillin produced in commercial quantities by the deep-fermentation process in the British Empire

A Notable Achievement in Research and Production

The *first* Penicillin produced by the deep-fermentation process in the British Empire was "Made in Canada" at the new Penicillin plant of Merck & Co., Limited, in Montreal on July 4, 1944.

Built in the record-breaking time of six weeks, the originally proposed capacity of the Merck plant was doubled during the course of construction and the necessary additional equipment was installed along with the initial facilities in order that the greatly expanded enterprise could swing into operation on the scheduled date of completion.

But the speedy construction of this new Canadian plant for the large-scale production of Penicillin Merck would not have been possible without the background of intensive research conducted by Merck chemists, which began in the autumn of 1940 and which has been carried on continuously ever since.

The discovery, production, and clinical evaluation of Penicillin constitute a notable achievement in medicine's relentless warfare against disease, and Merck research chemists and production technicians have been pioneers in this achievement.

Although present supplies of Penicillin are being allocated by the Government, primarily for use by our Armed Forces, we are continuing to expand production with the objective of making Penicillin Merck available for civilian use as soon as military requirements have been fulfilled.

MERCK & CO., LIMITED *Manufacturing Chemists* MONTREAL, QUEBEC

Harvey Agnew, M.D., Editor

The CANADIAN HOSPITAL

Toronto, December, 1944 Vol. 21 No. 12

Two-Year Study of Manitoba Hospitals Released

Many Improvements Recommended

A REPORT which will receive much study not only across this country but in other countries as well has been prepared by the Welfare Supervision Board of Manitoba and has now been made available for general study. Entitled "Hospitals in Manitoba," this is a report of a special Hospital Commission set up as recommended in 1941 by Dr. Carl E. Buck, to make a thorough study of hospital facilities in Manitoba, including financial and other aspects and to make recommendations as to grading of hospitals to permit fair remuneration.

This Commission was set up in the spring of 1942. The members were primarily members of the Welfare Supervision Board with Associate Members added for this study.

Dr. E. S. Moorhead, Winnipeg (Chairman); R. D. Guy, K.C., Winnipeg; M. D. Grant, Winnipeg; William English, St. Boniface; John Spaulding, Miniota; Mrs. Robert Darrach, Brandon; Miss A. J. Roe, Winnipeg; Mrs. Digby Wheeler, Winnipeg; Mr. William Whyte, Winnipeg and Mrs. H. R. Sanders (Secretary).

Associate Members were: Dr. F. W. Jackson, Deputy Minister, representing the Department of Health and Public Welfare; E. S. Browning, Ogilvie, representing the Union of Municipalities; P. W. Dawson, representing the Manitoba Hospital Service Association; Mrs. A. C. McFetridge, representing M.A.R.N.; Dr. A. F. Menzies, Morden, representing the M.M.A.; Dr. J. F. Morrison, Winnipeg, representing the Manitoba Dental Association; Dr. O. C. Trainor, Winnipeg, representing the Manitoba Hospital Association and Dr. Hugh Malcolmson, Field Secretary.

Consultant to this Committee and active in working out its policies and recommendations was Mr. Graham L. Davis, Hospital Consultant of the Kellogg Foundation, Battle Creek, Michigan. Dr. E. W. Williamson of the American College of Surgeons also assisted.

The Commission would seem to have interpreted its instructions quite broadly and as a result has brought in a most comprehensive report with far-reaching recommendations.

A study was made of the social and economic conditions in the province. Charts show racial origins by areas, farm revenue, density of population, etc. The existing hospital facilities are analyzed and listed as satisfactory or otherwise from several angles. Hospital finance is studied in considerable detail. Methods of accounting, the calculation of depreciation and the state of indebtedness are questioned. Grants and municipal payments are reviewed.

The Commission studied floor space per patient, equipment available, isolation facilities, medical staff organization, records, clinical laboratory facilities and charges, x-ray facilities and charges, dental services, surgery, anaesthesia, obstetrics, nursing service and nurse education, personnel training, social service work

and other subjects related to the care of the patient. The different types of hospital in the province are analyzed. Private hospitals and maternity homes are studied. Tables show the incidence of hospitalization in various areas. Tables, charts and sample forms illustrate these various findings which cover nearly one hundred pages.

Recommendations

The following recommendations of the Welfare Supervision Board are collected at the beginning of the Report from the more fully-worded recommendations which are noted in each section of the Report:

1. That the Manitoba Hospital Council be organized with the following immediate objectives:

(a) To make a careful study of all the factors involved in a hospital construction programme, intended to provide the province, within a reasonable length of time, with adequate facilities for the care and treatment of the acutely ill and for such preventive services as these institutions should provide.

(b) To establish standards for the construction and operation of hospitals in Manitoba, and for the hospital and nursing care and treatment of the various types of patients.

(c) To develop simple and uniform accounting and statistical procedures, adapted to the needs of the hospitals, that will enable them to report an accurate cost per patient day and other statistical data.

(d) To improve diagnostic facilities.

(e) To organize and promote an educational programme for hospital trustees and personnel.

(f) To organize and promote group purchasing.

2. That the Provincial Government be requested to set aside an appropriate sum based on a budget to be submitted to the Minister of Health and Public Welfare, to cover the expense of organizing the Manitoba Hospital Council and its operation during its first year of existence.

3. That for the purpose of analyzing the hospital situation and for administrative purposes in carrying out the hospital programme recommended, Manitoba be divided into three hospital areas, named for the medical centre in each area, Winnipeg, Brandon and Dauphin.

4. That for each area an Area Council be established to deal with the problems of that area, and submit them to the Manitoba Hospital Council for consideration.

5. That adequate laboratory and radiological services be established in every public general hospital, under the supervision of specialists in pathology and radiology, the services to be subsidized for a reasonable period of time by the Manitoba Hospital Council until they become self-supporting.

6. That until such time as actual costs of hospitalization are determined by the Manitoba Hospital Council, payment for public ward patients be made as follows: Municipality, $2.00 per day; the Department of Health and Public Welfare, 50 cents per day. That further hospital expenses be divided equally between the municipality and the government; that the costs of these extras should be not more than 50 per cent of such extras to a *semi-private* patient; that the government or the municipality may request the taxing of hospital bills by the Hospital Council.

7. That the Provincial Government be asked to pass the necessary legislation to allow a municipality, city, town or incorporated village to collect the contribution to the Manitoba Hospital Service Association for hospital services through the tax rolls when the voters of the municipality, city, town or incorporated village authorize it by vote.

8. That no maternity homes be licensed in communities where adequate facilities exist in public general hospitals or their branches for the care of obstetrical cases, and that present maternity homes be required to maintain standards approved by the Hospital Council until such time as they are replaced by rural units hereinafter described.

9. That all hospitals be required to establish a satisfactory uniform system of records.

10. That the "Standard Nomenclature of Diseases and Operations" be adopted by the Manitoba Hospital Council which shall be compulsory for all hospitals.

11. That every hospital admitting patients with acute diseases and conditions be required to report routinely every year the number of patients discharged, classified by municipalities.

12. That an advisory board of from five to ten members be appointed in every community where a hospital is established. This Board should be composed of both men and women and should represent a cross section of the religious, professional, business, farming, labour and other important groups in the population. Each member should be appointed for a definite period and the Board should meet regularly every month to consider administrative problems and the financial and statistical report of the administrator. Its duties and responsibilities should be defined in the by-law, and minutes of all meetings must be kept.

13. That monthly medical staff conferences be held on the lines laid down by the American College of Surgeons.

14. That effective liaison between the governing board and the medical staff of the hospital should be maintained, either through a joint committee of the two groups or by an advisory committee to the Board appointed by the medical staff.

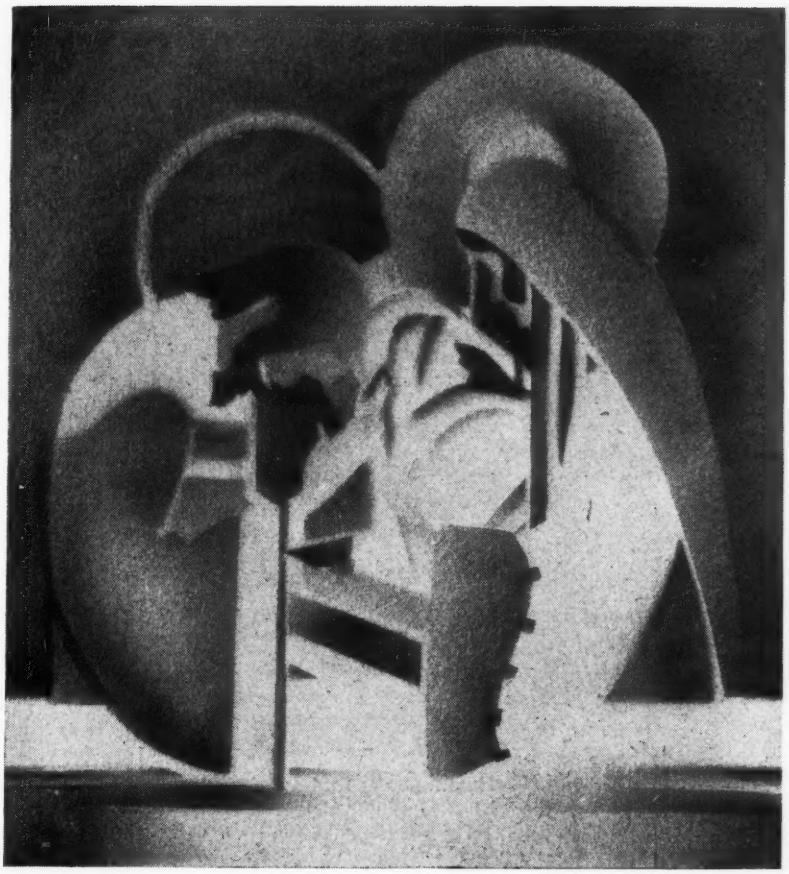
15. That the standards of ward floor space per bed, as approved by the Canadian Hospital Council, be adopted as the minimum for Manitoba hospitals.

Membership of Manitoba Hospital Council

The membership in the Manitoba Hospital Council has been announced:

C. E. Fillmore, Clandeboye (Chairman); Miss Margaret Street, Reg.N.; Dr. Harry Coppinger, Winnipeg; Ernest Gagnon, St. Boniface; Alex Katz, K.C., Dauphin; W. R. Bell, Souris; Russell Barrett, Deloraine; John Spaulding, Miniota; Dr. W. S. Peters, Brandon; Mrs. Frances A. Clark, Minnedosa; Miss L. W. Lethbridge, Portage la Prairie; Dr. F. W. Jackson, Department of Health and Dr. C. R. Donovan, Department of Health.

It is anticipated that a full-time Director of Hospitalization will be appointed. He will probably act as secretary of the Council.

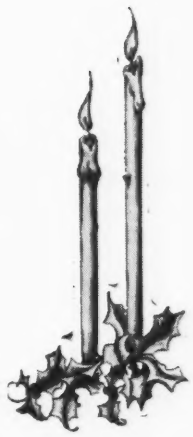


LOVE came down at Christmas,
Love all lovely, Love divine;
Love was born at Christmas;
Star and angels gave the sign.

Worship we the God-head,
Love incarnate, Love divine;
Worship we our Jesus:
But wherewith for sacred sign?

Love shall be our token;
Love be yours and love be mine,
Love to God and all men,
Love for plea and gift and sign.

(Christina Rosetti)



The Sigerist Report

Health Services Recommendations to the Saskatchewan Government

DR. HENRY E. SIGERIST, Professor of the History of Medicine at the Johns Hopkins University, has presented to the Government his recommendations as Commissioner of the Saskatchewan Health Services Survey Commission.

The Present Government of the Province of Saskatchewan was elected on a platform that promised "to set up a complete system of socialized health services with special emphasis on preventive medicine, so that everybody in the province will receive adequate medical, surgical, dental, nursing and hospital care without charge". The Government, of course, realized that the establishment of a complete network of health services covering all parts of the province would undoubtedly take considerable time but was determined to make a beginning in providing such a network without delay.

The Commission appointed several technical experts to the Commission:

Dr. Mindel C. Sheps, (Secretary);
Dr. J. Lloyd Brown, medical profession;
Mrs. Ann Heffel, nursing;
Mr. C. C. Gibson, hospital administration;
Dr. J. L. Connell, dental profession.

The following abstracts are from the report:

Before the municipal doctor system was introduced, physicians could practice only in such rural areas where the income of the population was large enough to support them. In years of poor crops, they were forced to leave even such ordinarily prosperous regions. The insecurity inherent in the geography and economy of the Province, therefore makes it the more urgent to establish a system of socialized medical services on a provincial scale, that will guarantee the people the basic services they need, and to which they are entitled at all times. In view of the predominantly rural population and their less developed medical facilities, any plan formulated for the future will have to give primary consideration to the development of rural medical services.

Rural Health Services

Health Districts: One of the first tasks will be to divide the Province into Health Districts, their number and boundaries to be determined in consultation with the Department of Municipal Affairs, Department of Education, and other agencies concerned. There can be no doubt that such a decentralization of activities will greatly increase the efficiency of the public health and medical services, while the principle of centralized direction will be maintained.

At the seat of every Health District there should be a *District Health Centre* headed by a full time medical officer of health. The District Health Centre should be staffed with sanitary officers, public health nurses, dentists and other specialists if required, in a number to be *determined by the size and needs of the population.* In view of the fact that the rural population is widely scattered, the District Health Centre would send out *Travelling Clinics* such as dental clinics, mental hygiene clinics and others according to the needs of the *population and should provide for consultant services, by specialists in various fields,* to the physicians of the district.

The District Health Centre should be equipped with a laboratory prepared to carry out chemical, bacteriological, and serological examinations. It could be located on the premises of the major hospital of the district, so that its facilities would be available to the hospital.

District Hospitals: A careful survey should be made of all hospital facilities available in any district. Where facilities are inadequate, provision should be made to increase the number of hospital beds. The purpose of the District Hospital or Hospitals should be to give such treatments as cannot be given in the Rural Health Centres, that is, major surgery and other specialized treatments. The surgeon should be appointed on a full time basis. It would be desirable to have a full time dentist and an eye-ear-nose and throat specialist appointed to the hospital on a full time basis, other specialists to be considered according to need. One nurse in every hospital should be trained to handle the x-ray machine and the routine clinical laboratory work.

The District Hospitals should be equipped with ambulances and, where necessary, with ambulance airplanes or helicopters. The District Hospital should also serve as Health Centre for the town in which it is located, and its vicinity. The offices of the local doctors should be in the hospital so that they could use its facilities in their daily practice.

Rural Health Centres

The municipal doctor is the backbone of all medical services in this province. The policy should be to extend it and to correct certain defects. The rural health unit should be served from the *Rural Health*

Centre, a house containing the doctor's waiting room, office, a room for minor surgery, a delivery room, a small laboratory and approximately 8 to 10 maternity and general hospital beds. The Centre should be staffed by a registered nurse and one or more municipal doctors, their numbers to be determined by the area and population served.

The Provincial Government should set a minimum salary to be paid municipal doctors and the salary should be increased with years of service according to a scale to be established. While the principle should be maintained that local governments should contribute to the cost of health services, and should continue to have an important share in their administration, yet the Provincial Government will have to subsidize the services through grants, in order to secure minimum standards.

Health Services Commissions. Each Rural Health Unit should have its *Health Services Commission* consisting of representatives of the technical personnel, the teachers, and representatives of the rural municipalities, towns and villages involved. Representatives of the local Health Services Commissions and of the District Hospitals should constitute the *District Health Services Commission*, of which the District Health Officer would be chairman.

Urban Health Services

The problem of providing health services to the inhabitants of the cities is less difficult and less urgent than the problem of rural health services. At the moment, the most practical policy may be the gradual extension of public services so as to include maternity care and hospitalization, supplemented by a system of compulsory health insurance, the details of which would have to be worked out.

Hospitals

In view of the difficulties of transportation, particularly during the long winter, the policy should be not to crowd hospital patients into the large centres, but to treat them whenever possible in the periphery. The policy, therefore, should not be to build many new large hospitals in the cities, or to add considerable extensions to existing ones, but rather to erect a larger number of small hospitals in rural districts. Fifty Rural Health Centres of 10 beds each would provide 500 additional hospital beds and relieve the larger hospitals of thousands of patients. A 500-bed University Hospital in Saskatoon which is needed for instruction, research and specialized services, would probably be a sufficient increase so far as the two large cities are concerned. The policy should be to decongest the large hospitals, by removing chronic patients and convalescents to special institutions. There is a great need for additional Old Folks Homes. It would be preferable to establish a larger number of small homes in various localities, which could be operated at little cost, and to pay a subsidy to institutions and individuals that attend to the aged. Free hospitalization for the entire population should be the goal.

Special Health Services

Tuberculosis: An after-care home for the maximum benefit of elderly patients who are infectious, and for the most part homeless and unable to return to their original community for care, such home to have accommodation for approximately 40, is without any doubt very desirable.

Mental Diseases: The most urgent needs seem to be the following:

1. An *institution for mental defectives* must be given first consideration.

2. The removal of mental defectives from Weyburn would relieve that institution of some of its overcrowding, but the hospital in North Battleford is also overcrowded by 50 per cent and must be relieved. The establishment of a special *institution for senile patients*, who do not require treatment but custodial care might be considered.

3. Consideration should be given to the establishment of a colony farm for epileptics with workshops, where such patients could work under medical supervision.

4. The sterilization of mental defectives should be given careful consideration.

5. In order to deal with the many cases of mental maladjustment, mental hygiene clinics should be established; in Regina, possibly in connection with the psychopathic ward, and in Saskatoon in connection with the projected University Hospital. It would be advisable to consider the establishment of travelling mental clinics in connection with the District Health Centres.

Cancer: The cost of all operations required in the treatment of cancer should be defrayed by the Province. In addition, consideration should be given to the matter of compensation for travelling expenses incurred by patients attending a cancer clinic. In order to provide specialists for this work, steps should be taken to select and train young medical graduates in all aspects of the field.

Venereal Diseases: Medical treatment should be provided at the expense of the Province for all individuals suffering from venereal diseases without a means-test.

Dentistry: Dental care should be given to school children to the age of sixteen.

Public Health Services

Sanitation: If a town considers the possibility of constructing a water supply or sewage system, it should not have to resort to private contractors to have a survey and estimate made, but should have this service provided free of charge by the engineers of the Department of Public Health.

The Department of Public Health should have model plans available for supplying an individual farm with water and for the disposal of sewage and refuse.

Health Education: The establishment of a Division of Health Education in the Department of Public Health is a very promising step, the importance of which cannot be overestimated.

Industrial Hygiene: The establishment of a Division of Industrial Hygiene in the Department of Public Health should be considered.

Personnel

In the future more and more medical personnel will be employed on a salaried basis.

Salaries should be adequate and commensurate with the long period of time spent by the physician in his training. They should be graded according to experience and responsibility. After having given good service for a number of years, the physician should have a higher income than he had as a beginner.

Salaried physicians should be granted annual vacations and, every

(Concluded on page 70)

The "Point" System *Adopted for Maternity Payments in Alberta*

By A. SOMERVILLE, B.A., M.D., D.P.H.,
Medical Inspector of Hospitals,
Alberta Department of Health

ALBERTA has had an interesting experience in relation to the hospitalization of maternity cases throughout the province since April 1, 1944. Because the experience is of interest to hospital authorities in Canada, the following summary has been prepared. This experience is also of interest in view of the possibility that health insurance may require a similar set-up covering all forms of hospital service.

A committee appointed by the Associated Hospitals of Alberta brought in the suggestion that the amount paid to various hospitals should depend on the facilities that are available in the hospital and that these facilities might be assessed on a "point basis" following the suggestions made by Dr. Harvey Agnew in his article in the November 1943 edition of "The Canadian Hospital."

Assessing the Points

Another committee consisting of two doctors specializing in obstetrics and two doctors interested in hospital administration went into the problem of assessing the facilities with the advice of obstetrical nurses and many others. The first step was to itemize the various services and pieces of equipment desired in a hospital giving adequate treatment to obstetrical cases, without unnecessary trimmings. When this list was completed an attempt was made to properly apportion 1000 points among these items to give each its proper relative value. This was a very much more difficult job and the values arrived at would probably not satisfy any two obstreticians or hospital administrators.

Some special conditions had to be considered. Some hospitals in Alberta have only two or three maternity beds, so it was necessary to appraise some items which may appear petty to persons who are interested in large hospitals. This also had some bearing on the decision as to the number of points to give to various items.

The following general principles were considered important in estimating the amount to be paid:

1. *That actual facilities available in the hospital were to be the basis.*

2. *That previous costs of operation could not be used as a basis because of difficulty in assessing such costs and because it might become a means of bonusing inefficiency.*

The system has not been in force long enough to make a proper test, but all the hospitals signed up at the rate which was arrived at by the above-mentioned system. These rates (including the provincial grant) varied from $3.00 to $4.50 per day for public ward service, which price includes care of the mother and child (or children) with the use of case room and routine drugs. The hospital may charge for additional services such as private or semi-private ward service, unusual drugs or intravenous medications, the use of the operation room for Caesarian operations, etc.

The point system adopted in Alberta follows the "units of credit" principle, but differs from the original proposal in three respects: (a) as payment is for maternity care only, the points allotted relate primarily to that service and would need modification to be applicable to all services; (b) the basis upon which points are allotted is much more detailed than originally proposed and provides for a maximum of 1000 points instead of 650; (c) instead of allowing so many mills per point, the payments are scaled in steps at twenty-five cent intervals.

With a few exceptions the rate has proved satisfactory to all hospitals. A few hospitals are getting more than they ever received, while a few are receiving less than they feel that they should. On the whole, however, most hospitals are receiving approximately their old rate, which, in turn is close to their costs of operation. Most of the hospitals which are receiving a rate which appears too low are outpost institutions where, because of isolation, the operating costs are above average through no fault of the hospital; this problem is being studied further.

In Alberta the hospitals fell into fairly definite groups under the point system and the breaks between the groups were such as to facilitate the setting of payments at 25-cent variations, as shown in Table.

Basis of Awarding Points

1. Hospital Administration (40) — full-time medical superintendent 15, full-time nursing superintendent 15; outpatient department (pre and post natal care) 10.

2. Obstetrical Staff (110) — Chief of Obstetrics (if a specialist) 40, obstetrical specialists on the staff 40, (A specialist is one certified by the University of Alberta or by the Royal College); General Practitioners on staff (full points only if at least two G. P.'s are available) 30;

3. Anaesthetic Staff (15) — If

specialist on staff 5, if given by general practitioner or by intern 10, if given by nurse 0.

4. Paediatric Service—If certified paediatrician on staff 15.

5. Nursing Service (125) — specially-trained* day supervisor 15, specially-trained night supervisor 15, specially-trained case room nurse (days) 15, specially-trained case room nurse (nights) 15; if the number of nurses—trained or in training —equals one for 2½ maternity cases 40; if the hospital operates a training school for nurses 10; if the maternity nursing service is completely separate from the nursing service in the balance of the hospital 15.

6. Intern Service 50.

7. Dietitian — with University Certificate 20.

8. X-ray Service (20)—(There must be a Bucky Diaphragm) machine of under 30 M.A. 3; 30 or over 5; system of pelvic measurement by x-ray 3; Stereo Viewer 2; x-ray specialist on hospital staff 5; if part time 3; technician trained in taking pelvic plates 3; training school provided for x-ray technicians 2.

9. Laboratory (25) — full-time medical laboratory supervisor 5; full-time trained technician 10; availability of specified tests, up to 10.

10. Emergency Blood Service — blood bank, plasma bank, donor service 5.

11. Physiotherapy (10) — massage available by trained personnel 5; electric therapy 5.

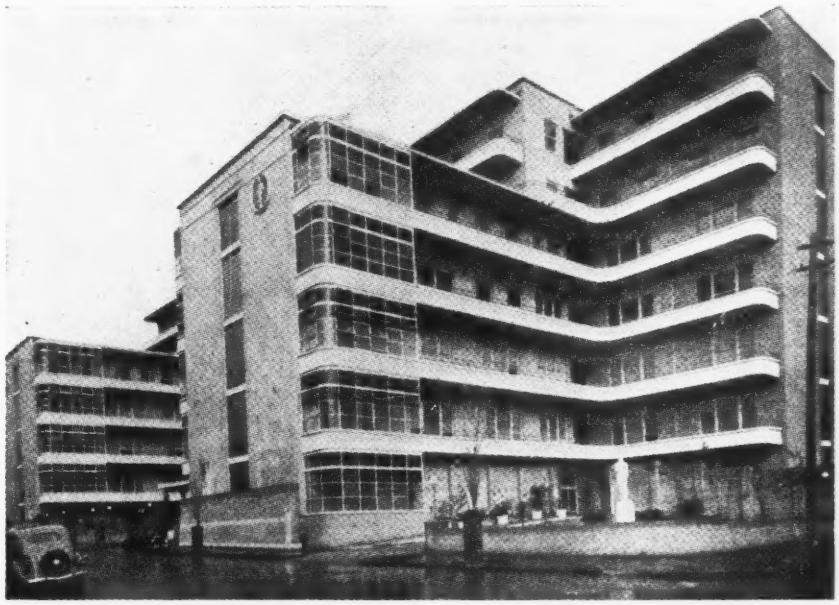
12. Physical Plant—as it relates to obstetrics only—(565);

if maternity cases are separated from other cases 15;
if air-conditioning is provided 5;
isolation facilities for mother 5;
separate admitting service for maternity cases (with separate bath, lockers, nurse, etc.) 5;
ante partum facilities — separate room 5;
distribution and spacing of ward beds 25;
type of bed 50;
signal system 15;
other ward furniture 15;
preparation room, based on equipment, 5;
labour room, based on adequacy and equipment, 40;
one case room for each 15 maternity beds 5;
impervious finish (in case room) especially floors 5;
delivery table, up to 30;
lighting 5;
anaesthetic machine — ether, oxygen, nitrous oxide 5;
baby resuscitator, up to 10;
other case room accessories 30;
scrub-up room, based on facilities, 5;
sterilizing room, based on adequacy of facilities, 40;
utility and hopper room, based on specified facilities, 10;
if maternity supplies are laundered separately 10;
if laundry facilities are adequate 15;

(Concluded on page 72)

A specially-trained nurse is one who has had at least one year's training under proper supervision on an adequate maternity service, or one who holds an obstetrical Certificate from a recognized hospital or University.

A Balcony Plan Worth Noting



View of the King George V Memorial Hospital, Sydney, Australia. This fine hospital, to which reference has been made before (see "The Canadian Hospital", August '42), embodies the latest ideas in architecture, equipment and procedures. Here we see the striking use of open and closed-in porches. The sheltered arrangement and the solid railings protect patients from wind. The A.R.P. brick walls covering ground floor windows are a temporary erection.

The Nursing Staff—

How Adequately Is It Organized?

By MRS. E. PRINGLE,
Assistant to the Inspector of Hospitals, Vancouver, B.C.

IN our discussions let us not dwell on the difficulties of the past few years in relation to nurse shortage and the many problems that ensued as a result, but rather look forward and plan carefully for the *future.* The problem of stabilization of nursing service and the rehabilitation of nurses is one that will require the best we all have to give. Just as there have been gains and losses on the battlefields in Europe, so also have we made certain gains and suffered losses in the civilian fields of nursing administration. The gains made now depend on leadership and direction.

While it is difficult to organize a nursing staff without nurses, nevertheless, we are not going to attract nurses or keep the ones we have unless there is sound organization within each and every hospital. The organization of a hospital depends very greatly upon the administrator. To organize the nursing staff we require nurse administrators capable of giving leadership and direction. We are all interested in doing a better job. We are all agreed that to command or "boss" is not our aim, but rather to give leadership.

Central Authority

Within a hospital we are working as a group; without co-operation and co-ordination all is lost. How to make this group activity a happy and, at the same time, a satisfying experience for those with whom we work, is a question that we should all study.

Firstly, there must be *centralization of authority.* It takes special effort on the part of some one in the organization to tie the whole together and make each person feel related to the whole.

Secondly, this central authority must be the *co-ordinating force* which provides administrative practices. The administrative or executive job requires a person gifted as a leader.

The job itself includes:

(a) Planning and defining policies and procedures;
(b) Organizing the activities of others;
(c) Delegating authority and responsibility;
(d) General orders and instructing.

It requires co-ordination of all the various efforts and includes the important task of stimulating and vitalizing all the individuals who are contributing their effort.

It necessitates the combining of human energies in a way that creates a new and satisfying harmony of effort, where indifference becomes conviction and inertia initiative. Passive consent gives way to active participation and new levels of attainment are reached.

The Leader

More effective results are obtained by leadership than mere direction.

To be properly led is a moral right.

To lead properly is a moral responsibility.

Organizations now command executive direction plus leadership.

A leader requires energy, enthusiasm, friendliness, integrity, decisiveness and intelligence.

The good leader is also a good teacher.

Good training can largely take the place of order-giving but sound planning is required.

The job of a leader, a manager, an executive, or a superior, is to get people to do more readily what they ought to do and to get them to enjoy doing it. Our value as a leader is based upon our capacity to accomplish just that; in other words, it is not the direction of things but the development of the people with whom we work. This calls for a perfect understanding between the various groups of workers and between the workers and their leaders. If we are to give the best care to patients and obtain the best results from our workers we must start from the foundation and build a solid structure. We must not, however, overlook the welfare of the worker. Without proper working conditions we cannot hope to attract the type of women we desire in the nursing profession, nor alternatively can we keep nurses in the nursing profession.

Address, Convention of the British Columbia Hospitals Association, Vancouver, October, 1944.

A nurse may do an excellent piece of work in one hospital and fail hopelessly in another. This failure may be due to lack of direction or to misunderstanding. *Personnel* work must of necessity be *personal* work if it is to be effective. There must be an intimate personal relationship between the management and the individual worker. Personal work cannot be just a mechanical procedure. It requires study, analysis and planning. Not only analysis of the job and of the workers as individuals, but a lot of self analysis on the part of the administrator or supervisor.

What of Staff Education?

To make a programme for staff education function, we must have a plan. A good sound plan requires study and hard work. To function successfully it requires working together—this means the nurse administrator, the supervisors and staff nurses. Staff education should stimulate every nurse.

Planning has been defined "as the best use of time and energy. It is the way in which the administrator knows what she is doing and what is taking place in the institution."

Planning is a basic administrative principle in organizing and in supervision.

To construct a plan we must analyze the situation: Study the findings; determine the needs; formulate a plan; and put it into action. No plan remains static; it requires study for adjustment or building.

In planning we must also evaluate.

What are the results of the plan in terms of nursing service—on the staff--and on myself? Is the staff co-operative and are they interested? What of self? What have I learned? Do I face up to failures? Why do they occur? Am I the reason, or what?

Objectives of Staff Education

1. To promote professional growth.

2. To maintain high standards of service through *continued* education of the staff.

Training must not stop with the teaching of special skills. It must be extended to the development of the employee as an individual functioning unit of the organization.

We must, therefore, bring into our staff educational programme an opportunity for continued growth, opportunities for advancement, and recognition of ability. The nurses should be made to feel that they belong to the hospital staff and should feel secure. They expect protection and moral support. They should receive accurate knowledge regarding the hospital policies and procedures.

Staff Conferences

It has been said, "Through group thinking members gain a perspective and a common understanding of aims, policies and methods of accomplishment in a way that is not possible for any one to secure alone. It develops a staff spirit."

How important therefore is the staff conference?

To have a successful staff conference we should make adequate preparation and have a prepared agenda. All nurses should participate. Much valuable information can be given to staff members at the staff conference.

The chairman of the conference becomes the teacher who guides the procedure, but not with respect to the end or solution.

The chairman or nurse administrator should stand prepared to abide by the consequences of the conclusion which represents the group, its knowledge and its purpose.

What type of staff conference do you have? What is the result? Do the nurses present their problems, or do they consider them useless and a fag or, worse still, just a time for someone to find fault with them.

To my way of thinking the length of the conference is important. It can be too long.

Are we precise in outlining the particular point for discussion?

Do we ask pertinent questions to obtain the different points of view?

Do we clarify meanings?

Do we keep the meetings impersonal?

Do we direct discussion toward formulating a solution?

Do we summarize the progress of discussion in a helpful way?

Do we sense when it is time to cut off discussion and formulate an integrated solution?

Do we attempt to get out the deeper reasons behind superficially expressed differences?

Can You Answer "Yes" to These Questions?

Are we giving what we should to our job?
Are we leaders?
Do we try to do the job ourselves or do we delegate authority?
Have we planned the job so that we know where we are going?
Do we know *how* to organize the activities of others?
Do we then organize these activities?
Do we lead or do we drive?
Have we a staff educational programme?
Do we consider staff education as "in-service training"?
Have we set out the policies and procedures in Ward Manuals?
Do we keep close to the workers?
Do we avoid job irritants?
Do we present the job to the worker in a fair and comprehensive manner?
In other words, do we orient ourselves?
Do we really orient our workers?
Have our nurses the proper equipment to carry out their service to patients?
Do they receive adequate pay?
Do they work longer hours than necessary and if so do we know *why?*
Do we really know how very necessary it is that employees are contented and feel that there are opportunities for development and advancement?
Do we realize that satisfactory working conditions oftentimes mean more to an employee than the salary?
Are we fair?
Are we helpful?
Are we inspiring?
Do we confer with our workers?
If so, are our conferences what they should be?
Do we outline new policies at our conferences?
Are they educational?
Do all participate?
Do we know how to give constructive criticism?
Do we know how to deal with grievances?

The Role of Government

in the Hospital Field

By FRED W. JACKSON, M.D., D.P.H.,
Deputy Minister of Public Health and Welfare, Manitoba.

IT is not generally realized that the government is already participating in hospitalization in a big way. Over 60 per cent of all of the hospitalization in Manitoba is now supplied by the governments—provincial and municipal. This covers mental care and the treatment of tuberculosis patients and those suffering from communicable diseases. The Federal Government also cares for many patients, including war veterans, Indians and others. There is a possibility that government hospitalization may be extended to include cancer patients as time goes on. It has been urged also that state provision be made for the care of arthritics.

In the past the role of the government in the operation of the general hospital has been limited. Its interest has been chiefly to (a) recognize a hospital as a general hospital; (b) pay the per diem grant and (c) maintain minimum hospital inspection. The establishment of rural hospitals has been dependent not so much upon the wisdom of recognizing that particular request but upon the size and insistence of the delegation. There has been no rhyme or reason in the establishing of some hospitals. If the institution complies with the requirements, its approval is more or less automatic. The result has been that certain areas would seem to be over-hospitalized and other parts of the province are without sufficient beds.

This haphazard development has been demonstrated in the recent Report on Hospitals in Manitoba. A study of the general facilities in 31 hospitals outside of Winnipeg shows that nine were good, fifteen were fair and seven were poor.

Of the 40 hospital plants in the province, 10 are good, 19 require remodelling and 11 require rebuilding. Six new hospitals are required. It is significant that only 10 of the 40 hospitals in the province have what can be called a "good" plant.

Also the present methods of keeping financial records are sufficiently unsatisfactory that in many cases it is impossible to assess the solvency of the hospitals. It is of interest that in 1941 only one hospital showed a surplus of earnings over expenditures. The Department cannot say if this is true. There should be some standard system of accounting adopted by our hospitals.

Future Role

The future role of government in respect to hospitals will be determined in large part by the recommendations of the Hospital Commission. The question has been asked, What part should the government play in capital construction? The pre-depression policy whereby the government provided up to 10 per cent of capital construction is not likely to be revived. It is the feeling that capital construction, aside from voluntary effort, is the responsibility of the municipalities concerned.

Manitoba Hospital Council

The Manitoba Hospital Council was formed prior to the receipt of the present Hospital Report. It was necessary for this purpose to have legislation put through at the last session. The Department has been criticized because it was deemed advisable for a time to withhold approval of hospital construction in order not to take action which would conflict with those recommendations of the Report which later would be acted upon.

Rural facilities for health care must be improved if we are to get young doctors to go into these areas. What can rural hospitals do to promote more and better medical care?

(a) Rural hospitals should endeavour to have all doctors in the area on the hospital staff. This would be better for all parties concerned. It would make doctors hospital-conscious and would lead the doctor to take a greater interest in the local hospital. The result would be that they would tend to send more patients there than to Winnipeg.

(b) They should provide good physical care for the patients.

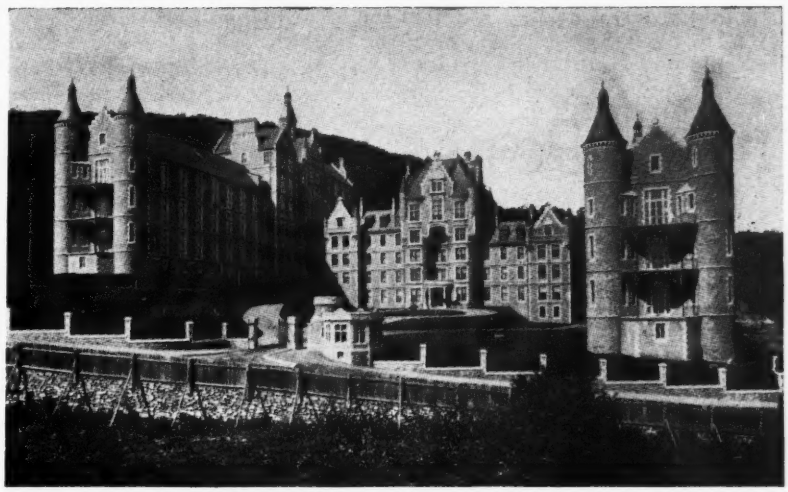
(c) They should have adequate facilities in order to properly do the type of work required. This will mean that from 30 to 50 per cent of the hospital beds should be available for maternity work.

(d) They should have adequate diagnostic facilities so that the doctors can practise the way they have been trained to do. This requires (i) a satisfactory x-ray plant. A decision must be made on a standard type of equipment for rural hospitals; (ii) a well-equipped laboratory to carry out all ordinary diagnostic procedures; and (iii) a well-trained technician to carry both services.

It will be necessary also to make some arrangement for full-time radiologists, pathologists and bacteriologists to be located in the three areas. Consultants will also be required.

(e) Wherever a doctor is engaged in practice in rural parts of the province he should have in his area a good maternity home which would

Address at convention of Manitoba Hospital Association in November.



What is Wrong?

There is nothing wrong with this picture, although it does seem a bit puzzling. It is an old picture of the Royal Victoria Hospital, Montreal, taken from the vacant field where now stands the Medical Building of McGill University. The date was 1893. Note absence of trees and shrubs.

be operated as a branch of the hospital in that area. This might well be a special type of building. In addition to the doctor's office there could be an emergency room and a few beds for obstetrical work. There should be a registered nurse for the office work and a registered nurse to look after the obstetrical patients. Such a building would give the doctor a better chance to give good service to the people. It also should be entitled to provincial grants, etc. Moreover young medical graduates and nurses should get valuable experience in such a building.

Hospital Responsibilities

All this implies re-orientation of our present thinking about hospital responsibilities. Hospital boards must get further out into the community if they are to give the service needed. Adequate diagnostic facilities must be provided if well-trained medical men are to enter rural practice. If hospitals cannot provide these services at a price which all can afford to pay, maybe the state—province and municipality—should provide them for all. This should be one of the first requirements in any Federal medical care programme.

What is the ideal we should strive for?

(a) Adequate medical services to be readily available;

(b) A well-equipped rural hospital within easy reach of every medical man;

(c) A hospital-operated maternity home in every town in Manitoba without a hospital where there is a practising physician.

(d) A standard of hospitalization in every hospital district which will keep sick people requiring care in their own community unless specialist care is required.

This can be accomplished.

Two Associations Vote $1,000 to C.H.C.

The annual contribution of the Saskatchewan Hospital Association to the Canadian Hospital Council is to be raised to $1,000, it was stated at the convention last month.

Later in the week the Associated Hospitals of Alberta agreed to double the Alberta payment for 1945 and make the amount one thousand dollars.

The action of these two Associations is deeply appreciated by the Canadian Hospital Council.

Tuberculosis in 1943

Deaths from tuberculosis in Canada increased slightly during 1943, according to the preliminary report just issued by the Vital Statistics Branch of the Bureau of Statistics. The number of deaths rose from 5,991 to 6,094 and the rate is 51.7 as compared with 51.5 per 100,000 for the previous years.

This year all the provinces, with the exception of New Brunswick and Ontario, report increases in the tuberculosis toll. In New Brunswick an amazing new low has been established with a rate of 48.2 as compared with 70.9 last year. Ontario has once again displaced Saskatchewan in the race for national honours. The Ontario rate of 26.4 is below Saskatchewan's 29.7.

Looking back to 1939, it is interesting to note that the war has seen a considerable reduction in tuberculosis in the Maritime provinces, and a reversal of the picture on the prairies. Prince Edward Island with a 1943 rate of 46.2, Nova Scotia with 68.7 and New Brunswick with 48.2 are away below the 1939 figures of 65.3, 77.3 and 63.4 respectively. The prairies, on the other hand, have all suffered wartime rises. Manitoba has jumped from 50.5 in 1939 to 52.9 in 1943; Saskatchewan from 24.6 to 29.7 and Alberta from 35.7 to 37.1.

The larger population centres of Ontario and Quebec and the coastal province of British Columbia have reduced their rates during the war years. Ontario has the lowest rate in her history — 26.4 as compared with 28.9 in 1939; Quebec has dropped from 83.5 in 1939 to 82.1 and British Columbia is down from 71.1 to 68.0.

—Bulletin of the Canadian Tuberculosis Association.

Control of Insect Pests

By GEOFFREY H. WOOD,
General Manager,
G. H. Wood and Co. Ltd., Toronto

INSECT or pest control is a problem that confronts the management of all hospitals and institutions. It is true that "control" is about all we can expect because even though we were able to kill all insects in the buildings today, tomorrow would bring further infestations as roaches come in with foodstuffs and stores; bedbugs are usually personally imported; flies get through open doors and unscreened windows; and moths just seem to recur. And so it goes on.

Insects are indeed the major problem for hospitals and institutions. They damage stores, foods and materials to the value of many millions of dollars each year. In fact, the problem is so serious that our Federal Government has set up a Pest Control Products Branch, under the able management of Mr. A. M. W. Carter.

All manufacturers of insecticides and pesticides are required to submit samples of their products, the formulae and copies of their suggested labels and directions, before the products can be marketed.

The products and the claims of the manufacturers are then closely examined by the Department, and if they decide that the statements and the products involved are satisfactory, then—and then only—a registration number is given to the manufacturer for each product to be marketed.

It is a term of the law that every shipment, large or small, must bear a label giving the brand name, directions, the guarantee, and the P.C.P. registration number. So I would suggest that you look for this registration number at all times as it affords protection to the buyer.

Of the many insects with which we have to contend, the following four are perhaps the most bothersome in hospitals and institutions—roaches, bedbugs, flies and moths.

Roaches

The roach is one of the most objectionable of all insects, and can be accurately described as a scavanger, spoiler of food, and a likely carrier of pathogenic bacteria. Roaches destroy more food by contamination than by actual consumption, as they give off an offensive liquid from their bodies which, on contact with food, makes it unfit for use.

Roaches are found wherever there is warmth and food. They spend the daylight hours in secluded or darkened places such as cracks, crevices, and behind water pipes, coming out after dark to feed.

The roach is credited with having an exceptionally keen sense of smell and, we are told, can even smell a cream pie a hundred yards away. So you will see that your foodstuffs and stores are never safe if roaches are in the neighbourhood.

Roach control is all too often a lingering process, not on account of the inefficiency of the insecticide that is used, but invariably because of incorrect application.

Liquid insecticides are perhaps the most suitable and popular means of roach control, as most of them are non-poisonous and invariably give spectacular results.

However, it is necessary that the application be made properly. The best medium is, of course, an electric sprayer. This allows the insecticides to be forcefully driven in various degrees of atomization into the known or suspected hide-outs. However, good hand-sprayers will also provide satisfactory results. But please remember that the premises to be sprayed should first of all be surveyed in order to plan the most efficient method of attack.

Most insecticide sprays contain ingredients which activate the roaches and drive them out of their hiding places—so make sure that the sprayer is always full before each room is sprayed.

Effective Spraying

First of all, you should plan to cut off all avenues of escape. This, as previously mentioned, requires very careful planning. To treat the infested room, you should first proceed to the outside of the room and spray the floor from two feet out, up to, and including the baseboards. This, as you will see, will isolate the roaches in the room which you are going to spray. Then repeat the same treatment on the inside of the room, commencing the spraying from the doorway. In this manner you will obtain a much better kill, and if any roaches do seem to escape, you can be assured that their span of life will shortly be cut off as they would have been contacted by the residual spray on the floor.

At this point, we must stress that all crawling insects can only be killed providing the spray actually contacts them. You should always arrange to have the dead and knocked-down roaches swept up at once and burned. Next, proceed to the adjoining room and give it a similar treatment. Most successful spraying is accomplished by arranging to have two men spray the adjoining rooms at the same time.

Most insecticide powders contain sodium fluoride, which, as you know, is deadly poisonous. No doubt you have heard of the many deaths that have been caused accidentally through the incorrect use of sodium fluoride roach powders. In one case, the sodium fluoride was mixed by mistake with a pancake flour and many deaths resulted. As a precau-

Presented at the recent Ontario Hospital Association Convention in Toronto.

tion, the Government authorities insist that this type of powder be coloured blue for identification purposes and labelled "poison".

Before the war pyrethrum powders always held a high place in roach control, as they were non-poisonous and very effective. However, all pyrethrum stocks have been taken over by the Government for specified purposes and are not currently available for industrial or institutional use.

Fumigation is an effective but very hazardous way to control insects, and should only be administered by a licensed fumigator. All premises would have to be vacated for a definite period (usually forty-eight hours). In these days this would be difficult. However, fumigation definitely has its proper place in insect control but in my opinion it should not be used in hospitals without careful investigation and consideration, and then only under the skillful adminstration of a government-licensed fumigator.

Bedbugs

Bedbugs require different treatment and again I would recommend that a liquid spray be used containing one of the thiocyanates, with a suitable deodorizing agent, because good bedbug sprays should not only kill the bugs but should also neutralize and cover the very distinct and disagreeable odour which is characteristic of bedbugs.

Treatment of a bed or single bedroom will seldom give satisfactory results, unless all the surrounding rooms are likewise treated. This application must be thorough to the point of spraying all cracks and crevices in the walls, floors and ceilings, including all furnishings. Mattresses and blankets should of course be removed and thoroughly fumigated, but if this is impossible, then we would recommend that they be thoroughly sprayed, or in the wintertime, left exposed to sub-zero temperatures which will, of course, kill the bugs and the eggs.

Flies

Flies are a nuisance and a menace to health, and of course should be initially kept out by the use of screens on windows and doors, but you will still have to contend with those that do manage to get through open doors and windows.

Close the windows and doors of the room that you are going to spray. Then spray the insecticide towards the ceiling and always in the direction of the windows. That will assure a quicker knock-down and kill, as flies are always attracted towards the light. In fact, we have found that by merely spraying a section of the window in the room involved, the flies will ultimately go to the window and then, on contact with the residue spray, will die. Keep the windows and doors closed for an hour or so and you will find that the results are excellent. Arrange for the dead and stunned flies to be swept up and burned.

Moths

Moths present a problem that requires a continual detailed programme in order to prevent costly damage. Clothes cupboards and rooms where blankets and clothing are stored should be cleaned out thoroughly at least twice a year. Then, while empty, the cupboards and store-rooms should be thoroughly sprayed with a good liquid moth insecticide. The clothes or blankets which were removed should be thoroughly shaken and hung up outside before being placed back on the shelves.

There are two types of sprays — the regular hydrocarbon oil base spray, which should be applied by spraying above the materials and allowing the vapour or fog to descend lightly on the blankets or materials. Then there is another product which is sprayed directly onto the materials, leaving a white, crystal-like coating which slowly evaporates acting both as a moth killer and preventative. This particular spray can be used safely on any woollens or worsteds, but must not be used on rayons, celanese or similar fabrics. Certain compounds are also sold for moth protection which are applied by immersion and they do provide protection for a certain period.

"D.D.T."

Some of you have heard of the new wonder insecticide known briefly as "D.D.T." which in chemical language is described as Dichlor Diphenyl Trichlorethane. This insecticide is at present being manufactured by a number of concerns, and we understand that the U.S. Government is purchasing many millions of pounds each year, most of which is used in various war theatres in the army's delousing programme. That "D.D.T." will have a place in post-war plans is very definite, although there are many rough spots to be ironed out, particularly its toxicity to humans and animals, before the product can be released for general use. I do want to emphasize to you that "D.D.T." is the miracle insecticide of this age.

An experiment was recently made with two large cattle barns. One was coated with ordinary white-wash and the other was coated with white-wash to which one per cent "D.D.T." had been added. The barn with the "D.D.T." white-wash finish was found to be devoid of all flies and insects, and remained that way for several months, whereas the other barn had the usual infestation.

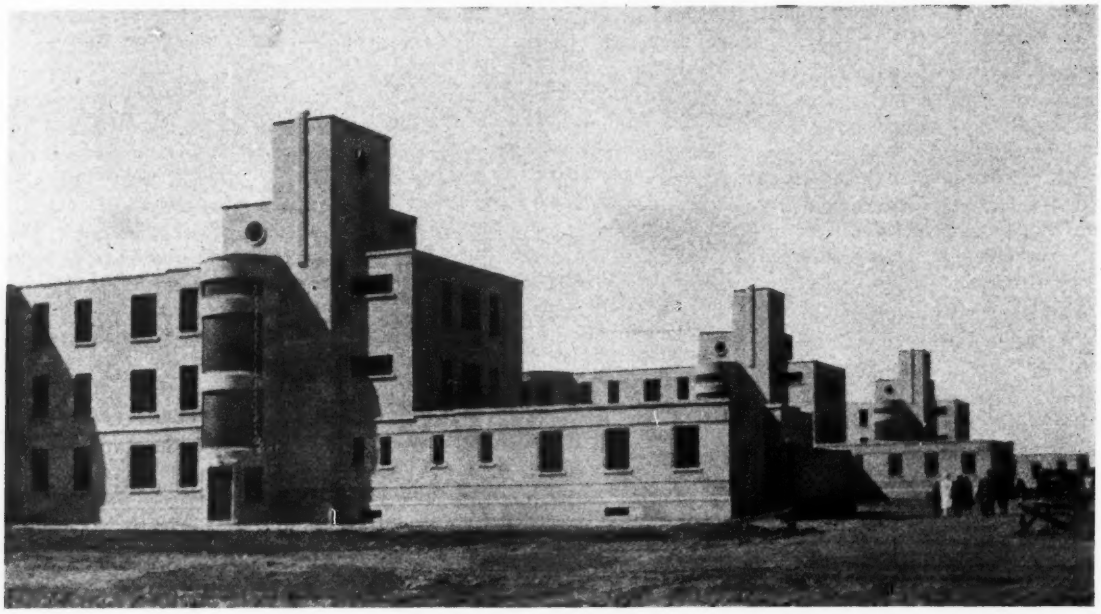
A glass beaker which had previously contained "D.D.T." and had been thoroughly washed and rinsed with hot water was used as a container for roaches. The next day, much to everybody's surprise, it was found that all the roaches had died, in spite of the fact that the container was clean and there were no visible traces of the "D.D.T." which had previously been in the container.

"D.D.T." and pyrethrum are mixed with Freon, under pressure, in the aerosol bomb. The aerosol bomb vapours, released from an aeroplane, have been known to kill mosquitoes three miles down wind. These aerosol bombs are not available for civilian or industrial use at the present time, but we believe that they will provide an excellent medium for the dispensing of insecticides in the post-war period.

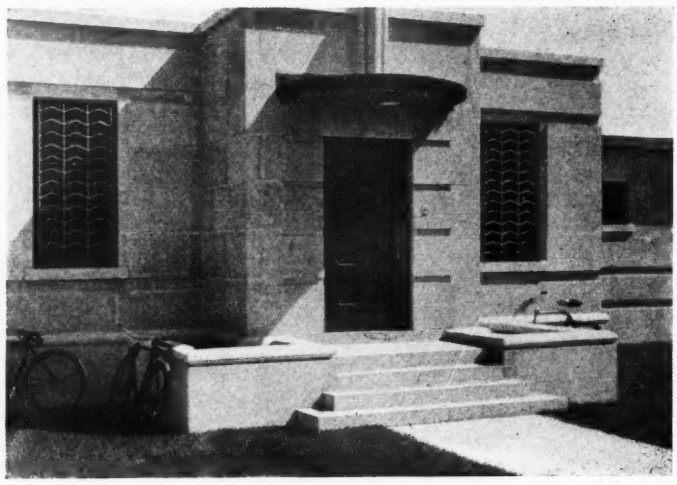
In summation, I would stress the following:

(Concluded on page 66)

A Section of the R.C.A.F. Hospital at St. Thomas, Ont.



This hospital was formerly the new Ontario Hospital for mental diseases.



Left: Entrance to one of the pavilions for patients.

Cuts courtesy Journal Royal Architectural Institute.

BCG Vaccine for Nurses Urged

Dr. R. G. Ferguson, director of medical services and general superintendent of the Saskatchewan Anti-Tuberculosis League, reviewed some very valuable studies made on the use of BCG at the convention of the Saskatchewan Hospital Association. He pointed out that whereas in previous decades some 75 per cent or more of girls of twenty showed a positive reaction to tuberculosis, now only 15 per cent showed prior contact and infection. Eighty-five per cent of nurses now going into training did so without this previous infection and therefore are in greater danger at the present time, despite better instruction in technique. Studies from 1930-38 revealed that most girls developing tuberculosis were among the negative reactors, and therefore there is need to increase the resistance of this group.

A study has been made over a ten-year period of the value of BCG in raising the resistance of non-reactors. This period covers five years of observation without vaccination and five years with vaccination. The results have indicated a definite reduction in the incidence of tuberculosis among those non-reactors receiving the BCG vaccination. There is a nearly 7 to 1 incidence in favour of vaccination.

These results would indicate that BCG confers more protection than was indicated in the early investigations. Eight hospitals with schools for nurses have now been vaccinating non-reactors for five years and only eight cases have developed.

With the Hospitals in Britain

By "LONDONER"

C. E. A. Bedwell

Dear Mr. Editor:

When I paid a visit to Canada some years ago I was told that one thing I must not fail to see was the Library for Patients in the Royal Victoria Hospital, Montreal, as it was the best hospital library on the other side of the Atlantic. I have a lively recollection of my visit to the library which, like to many others, had grown out of the activities of the European War of 1914. No doubt there are many of your readers who have appreciated that the stimulus given to the library service to patients was one of few products of the War of 1914 to 1918, which can be regarded as wholly good. Since then there have been developments on a considerable scale all over the country in providing for the patients in hospitals of all types. The present war has increased the appreciation of the value of reading in soothing the minds of patients. There has been medical testimony to that fact, so that the library service is taking a definite place among the activities to be enlisted in any process of rehabilitation in the real sense of that much-abused word.

As the importance of the library service has been increasingly recognized by the large body of voluntary workers engaged in it, so has their appreciation developed of the necessity for equipping themselves with knowledge and understanding to carry it out effectively. To aid them there was formed eleven years ago the Guild of Hospital Librarians. To an increasing extent these women—there is a substantial sprinkling of men among them—have desired to be trained not only in the actual duties of librarianship but also in maintaining the supply of books. The latter has become an important matter as the number of books in the country has been depleted seriously during the years of war.

Work of Hospital Librarians Commended

The supply of paper, as we all know, was drastically curtailed but perhaps it is not so generally recognized that its uses were enormously increased including, even, for actual munitions of war. So with enthusiasm there was a national campaign for collection of paper and in the vigour with which that was conducted no doubt many books suffered which could have been put to better use. Then there were widespread collections of books for the men and women on active service. There has been a large increase of reading among the civilian population while many libraries from which they obtained their books have been wholly destroyed by enemy action. The small supply of paper, though admittedly in the opinion of a good many not always put to the best possible use, has been quite inadequate for current publications to maintain educational and other pressing needs. Nevertheless, books have been collected by tens of thousands for hospitals not only in this country but in all the theatres of war.

Naturally under those conditions the resourcefulness of women has been directed to make the best possible use of supplies, and bodies of workers in the hospital libraries have been engaged in mending and binding so as to keep the books fresh and maintain their circulation. To encourage this side of the work there has just been held an Inter-County Book Repairing Competition organized by Miss Silcock, the County Organizer of the Lancashire Branch of the British Red Cross and Order of St. John Hospital Library. Naturally, Lancashire took the lead, as it proverbially does in many national affairs, but exhibits were sent from the southern counties of England and there was also one from Wales. It is worth while to give the particulars of the classes which were:

Best Group of Three Penguins, or similar paper-covered books, bound or cased, any method.

Best Group of Three "Geographics", bound or cased, any method.

Best Group of Three Used Books (not less than 250 pages) which have been mended and cleaned. The books must have been removed from and put back into their original boards, and these recovered. New end papers must have been added and at least one page must have been loose and replaced.

Best Group of Three Books, the sections of which have been separated and re-sewn and the book bound in a freshly-covered case.

One Book Only of any kind, to be recased but not necessarily stitched, all the work including the title, to be done by one person.

Best Group of Six Books of any kind, including not less than one magazine, recased by any method, but at least one must be re-sewn and taped. These six books must be the work of not less than three people from the same depot, hospital library, or working party.

The exhibition was judged by a member of one of the most eminent book-binding firms in the country and everyone cordially agreed with his description that it was a truly remarkable show. The Earl of Crawford and Balcarres, an eminent bibliophile, distributed certificates to those whose handiwork had contributed so finely to this notable display. The practical value may be illustrated by one example mentioned in the course of the proceedings, that a repaired Penguin can be circulated for anything from sixty to eighty more issues. This unique exhibition is now going on tour to different parts of the country and cannot fail to stimulate interest not only in its immediate purpose of showing what can be done to lengthen the lives of books but also in the whole service of books for the physically and mentally afflicted in hospital.

Obiter Dicta

Dollar-a-Day Hospitalization

SPEAKING at the Alberta Convention, the Hon. Dr. Cross, Minister of Health, spoke of the satisfactory arrangement in many areas whereby patients can receive hospitalization for one dollar a day. In these municipal hospitals the per diem cost of operation, except for this dollar and the forty-five cent provincial grant, is met by municipal taxation. This has proved so satisfactory that the Minister expressed the hope that the hospitals generally could work out a plan to make this dollar-a-day basis province-wide.

The plan has definite advantages. By shifting the major portion of the load onto taxation, the burden on the patient is lifted to that extent. By still leaving the patient with one dollar per diem to be paid, excessive and unnecessary hospitalization is minimized and the patient still has the feeling of paying his way. Undoubtedly it would stimulate earlier use of hospitals. The plan, however, does put a heavy burden on the taxpayer, a burden which is seldom shared in proper proportion by the tenant or lodger. In rural areas where so many of the farmers own their farms, this basis seems to be quite satisfactory, but one doubts if it would be as applicable to the cities as a Blue Cross basis of payment by which the entire cost of hospitalization could be borne by all of those benefitting and would also mean paying for hospitalization when well and working. Dr. A. F. Anderson, referring to the fine work of the Edmonton pre-payment plan, suggested that it might become part of a province-wide plan, such as developed in other provinces and many states.

The Press quoted Dr. Cross as urging the municipalization of all hospitals in the province and as stating that such action would reduce considerably the cost of operating these hospitals. This was not our impression of his address to the general meeting, although he may have so spoken at one of the sectional meetings. It is our recollection that he favoured an arrangement between hospitals and municipalities whereby hospitals could be enabled to charge patients but $1.00 per diem. That is a far cry from municipalizing hospitals as the phrase is generally understood; i.e., having the municipalities take over the voluntary hospitals. Actually we understand that three Sisters' hospitals in rural Alberta are now operated on this basis as part of the municipal hospital system, the balance of their cost of operation being borne by the hospital district. This may be a possible way of adapting the rural voluntary hospital, lay or religious, to this basis of payment.

We do not recall the Minister's alleged statement that municipalization of all hospitals would considerably reduce the cost of operation. We doubt if the Minister would make such a questionable statement, and recall that we have been misquoted many times ourselves. Average costs across Canada might seem to support that statement, but the majority of municipal hospitals are small ones and these, like most small hospitals, are limited as to equipment and specialized personnel. If one considers size, location, equipment, personnel and comparative efficiency, one doubts if any such evidence would be available.

Saskatchewan Hospitals Reassured

IN the same week another prairie province Minister of Health, the Hon. T. C. Douglas of Saskachewan, made a statement of vital interest to his hospital audience. One doubts that Dr. Cross, as discussed above, meant municipalization of all hospitals in Alberta in the usual sense, that is, to have the municipalities take them over and operate them, for this comes close to one of the fundamental issues between Social Credit and C.C.F. in the Alberta election. But the taking over of all hospitals by the State under a C.C.F. Government would not have been a surprise to many people, for prominent spokesmen of that party have not hesitated to indicate that the complete socialization of health services, in a radical sense, was very much a part of their long-range health programme. It comes very much as a relief, therefore, to have Mr. Douglas tell the Saskatchewan Hospital Association that his Government proposes to utilize, not supersede, the voluntary health agencies now functioning.

Mr. Douglas, a man of considerable ability, realizes that his Government, the first C.C.F. government in Canada, is very much in the spotlight. It was but to be expected, when in the opposition, that party spokesmen across Canada would make extreme and frequently inconsistent statements, particularly with reference to "taking over" everything, but the sobering effect of responsibility should change the situation. The appointment of Dr. Sigerist, long an ardent advo-

cate of the Soviet health system, as Commissioner, did not tend to allay these doubts. However, this report (see p. 28) is a highly constructive one and omits some of those administrative principles and details which might be the cause of controversy. The general programme outlined, in principle at least, is a commendable one. Without question much could be done in Saskatchewan, as in every other province, to improve health services, particularly in rural areas. Mr. Douglas has taken a sound position in proposing to work with and through now-established professional groups and voluntary institutions rather than to hold up progress by prolonged conflict. If he can bring down to earth some of the impracticable views of other party spokesmen and demonstrate how to effect a working partnership between the state and social agencies which have long proven their worth, he will have performed a real service to his party.

Sales Tax on Penicillin

NUMEROUS inquiries have been received respecting the sales tax status of penicillin. We have made inquiries at the office of the Controller of Chemicals and are informed by Mr. H. M. Sunderland, the executive assistant to the Controller, that all of the penicillin imported from the United States through that office for civilian use has been cleared through customs without the payment of the 8 per cent sales tax. This was arranged at the time the first importation was made, since it was known that all of the sales would be to hospitals.

As the supply improves to the point where it may be possible to obtain penicillin other than through hospitals, this arrangement may need reconsideration.

Hospitals, however, must observe the same arrangements with respect to paying sales tax themselves as in the case of other drugs. Hospital administrators are again reminded that the Department of National Revenue has arranged that hospitals may sell drugs to paying patients at an advance of not more than 10 per cent on the cost price without making a sales tax return. If, however, the selling price is advanced more than 10 per cent of the cost price, a record must be kept of all such sales with the amount charged, and returns made to the Federal Government at least every three months. The Government has investigators checking through hospital records, and in a number of instances hospitals not making such returns have been fined. Penicillin comes under these regulations.

Information now available indicates that more hospitals are now taking up their full or partial quota of penicillin. Some 55 hospitals have taken over their quota this last month but the reserve has been adequate to meet these requests. A number of the provincial governments have asked for quotas for their provincial venereal disease clinics. By the time this issue reaches the hospitals, the superintendents and clinicians may have received further information as to the extent to which the quota issued to hospitals may be used, if at all, for venereal disease treatment. It is hoped that penicillin may be made available, through hospitals, for the treatment of syphilis in the near future but it is not at all likely that penicillin will be released for the treatment of gonorrhoea in the early future, except for those cases that have been proven to be sulpha-resistant.

Information has also been received that medical staffs of some hospitals are not adhering to the stipulations of the Controller of Chemicals and the Advisory Committee on penicillin and are using supplies for other clinical purposes.

Later on, when the drug is in ample supply, such experimental use may be permitted. For the present, however, staff committees are asked to use penicillin only for the conditions listed in groups 1 and 2 of the *Guide for Penicillin Treatment* already issued to the medical profession and the hospitals.

A certain amount of penicillin is now being made available for experimental work in selected hospitals where complete control of the experimentation is being maintained. It is considered advisable that this experimentation be limited to a few groups working under controlled conditions rather than to have a large amount used under conditions wherein the results of the experimentation are not so likely to be of value to the profession as a whole.

Much progress is being made in determining those forms of syphilis in which penicillin is of definite value. Advances are being made also in determining those conditions in which penicillin combined with sulpha drugs would seem to have more effect than where either is used separately. Evidence is now being obtained that penicillin has very little effect in the acute stage of rheumatic fever, even when tremendous doses are given. Other investigations are checking its value in sub-acute bacterial endocarditis, and preliminary observations would seem encouraging where very large doses are given. With the more widespread use of penicillin evidence is accumulating also that some patients are developing an allergy to this drug.

The War Assets Corporation

IT is a timely move to have set up a special government company to dispose of the many millions of dollars worth of material and equipment which will no longer be needed after the war. Under the capable guidance of Mr. J. B. Carswell, this company should be able to so direct the disposal of these goods that they can be utilized to the greatest advantage without having them either go through the hands of too many unnecessary jobbers or disappear off the market entirely. Hospitals will be in the market for a great deal of equipment and already many inquiries are being received respecting certain articles. It has been announced that the Company will not sell directly but will dispose of its wares through regular trade channels; used equipment will be sold at auction. It is realized that the government cannot go into the retail business, but it is hoped that this hospital equipment, on which we will continue to pay taxes for many years, can be steered to those who can use it and that the cost to the hospitals will not be much in excess of what the government receives for it.

Saskatchewan Meeting Considers Government's Health Proposals

THE two-day meeting of the Saskatchewan Hospital Association in Moose Jaw October 30 and 31, was unusually well attended and was characterized by fine addresses and spirited discussion. The President, Mr. S. N. Wynn of Yorkton, was chairman.

Two Cabinet Ministers, the Hon. T. C. Douglas, Premier and Minister of Health, and the Hon. J. H. Brocklebank, Minister of Municipal Affairs, addressed the meeting. Mr. Douglas reviewed the Sigerist Report and clarified the plans being developed for the setting up of health districts and the creation or designation of district hospitals and rural health centres. Although health service must be regarded as a public utility, he assured the convention that the government proposed to work through, rather than supplant, the existing voluntary agencies.

Mr. Brocklebank emphasized the necessity of surveying municipal arrangements and of redesigning the municipalities to more effectively group townships on a functional basis, considering geography, soil, the interests of the people, communications, etc. This is linked up with the establishment of health districts.

Fire Insurance High

Mr. Joseph Needham of Meadow Lake produced evidence to indicate that the hospitals are paying an unduly large amount for the benefits received. This data will be published in a later issue.

The work of volunteers was reviewed by Mrs. Gordon Young of Moose Jaw, whose husband is now O.C. of a medical unit overseas. Not only have a number of V.A.D.'s been trained but sufficient basic equipment has been collected to equip a 50-bed emergency hospital. Miss James of Saskatoon presented the joint report on the salaries of nurses to be published later. Speaking to the subject of nurses' living conditions, Miss K. W. Ellis noted that one cannot be proud of some nurses' residences in Saskatchewan. There has been much improvement, but some are entirely inadequate. A pupil nurse should be entitled to at least a bureau drawer to herself. She appealed to the trustees to look into their own conditions.

Women's Aids

The Women's Hospital Aids Association met in conjunction with the hospital convention and had a good representation. At the evening meeting the President, Mrs. J. A. Elhatton of Saskatoon, Dr. Harvey Agnew and Mr. J. C. Williams of Moose Jaw spoke. During the convention Mrs. Leonard Shaw, now of Moose Jaw, gave a stimulating address on "Making Full Use of the Women's Auxiliary" and Mrs. Elhatton reviewed the year's work.

Of considerable interest was Dr. R. G. Ferguson's report of successful protection of nurses by BCG vaccine. Mr. John Smith of Yorkton, Mr. W. J. Burak of Hazlet and Dr. Harvey Agnew gave addresses during the sessions. Dr. C. F. W. Hames, Provincial Director of Hospital Administration, recently returned from military duty, gave the annual survey of hospital activities, long a special feature of the Saskatchewan conventions. There was, too, a clever presentation, "Behind the scenes," prepared by Grace Motta and Sister M. Eulalia of the Moose Jaw Hospitals and Miss Grace Giles, travelling instructor of the Saskatchewan Schools of Nursing.

Officers

Hon. President: The Hon. T. C. Douglas

President: S. N. Wynn, Yorkton

Vice-President: W. C. Ryan, Regina

Secretary-Treasurer: John Smith, Yorkton

Executive: E. King, Lloydminster; J. C. Sanders, Saskatoon

Resolutions

To amend the Act to permit grant to hospitals for first day.

To make hospital equipment in use in the Armed Services available after the war for civilian use.

Mr. James C. Williams of Moose Jaw with Mr. Howard Moffat of the Provincial Dept. of Health.

Mr. Geo. E. Patterson of Regina (left) has retired as Secretary-Treasurer after twenty-five years of service. He is with Ald. Macpherson of Regina.

To have the Association pay the expenses of executive members attending a convention when such individuals do not happen to be delegates of their particular hospital.

Suggesting consideration by the Canadian Hospital Council Executive Committee of the possibility of expanding that organization into a Canadian Hospital Association.

Expressing appreciation to the Sun Life Assurance Company of Canada for its continued assistance to the hospital field through the assistance which it gives to the Department of Hospital Service of the Canadian Medical Association.

Mr. J. W. Hartwell of Meadow Lake (left) was President of the Association some twenty-five years ago. He is talking here to Dr. C. F. W. Hames, Provincial Director of Hospital Administration.

Mrs. Elhatton Again President Sask. Women's Aids Association

Officers elected at the recent annual meeting of the Saskatchewan Women's Hospital Aids Association in Moose Jaw are:

Past - President: Mrs. E. M. Smith, Moose Jaw

President: Mrs. J. A. Elhatton, Saskatoon

1st Vice-President: Mrs. Peter Stewart, Regina

2nd Vice-President: Mrs. P. DeForest, Davidson

3rd Vice-President: Mrs. J. A. Ludlow, Assiniboia

Secretary-Treasurer: Mrs. Bergsteinsson, Saskatoon

Routine Chest X-Ray of All Patients Urged

By C. ROBERT DICKEY,
General Secretary,
Alberta Tuberculosis Association.

WE are all familiar with casualty lists and the way they are made up—killed, wounded, and missing. In tuberculosis control we have exact knowledge of the numbers killed. The known wounded are in the sanatorium taking the cure. The unknown quantity is the missing casualty, the person who has tuberculosis, who doesn't know about it, and who is spreading the disease unconsciously.

We have attacked this problem, with the utmost encouragement and co-operation of the department of health and the tuberculosis division, through the mobile x-ray unit we bought last year, which has up to now x-rayed nearly 60,000 Albertans, to uncover about 150 cases of active tuberculosis in early stages for the most part.

Another and a more efficient and versatile unit will be in operation early in the new year. Our programme, also with the approval and active co-operation of the department of health, calls for the installation in Calgary and Edmonton of permanent miniature x-ray equipment within the next two or three years. These will permit continuous x-ray surveys of the whole populations of these cities.

Hospitals have a problem represented by the breakdown of too many nurses through tuberculosis. I have learned that in one graduating group in this city alone there were eight active cases. In others, positive reactors to tuberculin test increased alarmingly each year they were in training.

In x-raying the chests of thousands of apparently healthy people, we have found that approximately three out of every thousand will have active tuberculosis. It seems to follow that at least as many, and probably more, cases would be found among hospital admissions. In fact, Grasslands Hospital, Westchester County, N.Y., in an 18-month test of routine x-ray or fluoroscopic chest examination, found that four per cent of the patients admitted for causes other than tuberculosis, showed evidence of unsuspected tuberculosis infection.

Dr. R. E. Plunkett, general superintendent of tuberculosis hospitals of the New York State Department of Health says, "The existence of much unrecognized tuberculosis among adult admissions to general hospitals has been well established."

Dr. R. G. Bloch, Director, Pulmonary Diseases Division, University Clinics, University of Chicago, says, "Only universal x-ray examination of the chests of all patients in general hospitals, regardless of the nature of their complaints previous to admission, can lead to a far-going exclusion of the tuberculous."

The General Hospital at Flushing, N.Y., has started to x-ray all admissions as routine. So has one of the largest general hospitals in Seattle. The American Hospital Association specifically recommended that all general hospitals provide x-ray and clinical facilities for detection of pulmonary tuberculosis among their general medical and surgical cases.

This procedure obviously would protect nurses and their own later contacts, increase our knowledge of the incidence of tuberculosis and help greatly in its control. Expensive, yes, but worth it. Hospitals, therefore, are urged to consider seriously the possibility of initiating as soon as possible the routine roentgen examination of all patients admitted.

New Canadian Hospital Ship

The former transport-cruiser, the Letitia, has shed her drab wartime camouflage for a coat of glistening white, decorated with red crosses. The 762-bed floating hospital with its green-walled wards, each with approximately 45-beds, provides every possible comfort to the patients. Indirect lighting prevents glare. For entertainment, the ship's loudspeaker system can be used to play records or for radio.

Here and There

By the Editor

"I Never Tasted It"

WE have enjoyed an article in a current issue of the *Atlantic Monthly* on unfamiliar foods by Dr. David Fairchild of the Department of Agriculture at Washington who has done so much over the years to popularize new foods on this continent. A world traveller, he has endeavoured to introduce unfamiliar but edible dishes to the great American public and has been surprised to find how his people, so receptive to innovations in other ways, have developed a most stubborn conservatism when it comes to food.

For instance he recalls the first time two crates of grapefruit were sent to Seattle. A customer, apparently knowing the fruit, took a whole crate. The other remained unsold until the customer, having finished his crate, found the other still unbroken and bought it also. The avocado had the same poor luck. Frankly, we can understand that, for it has always seemed to us like a piece of softish soap that had been left on the plate by mistake. Some of this reluctance to accept new foods may be based upon sad experience. Dr. Fairchild found that people who had attempted to eat Mango I, well described as "a ball of tow dipped in turpentine and molasses, which must be eaten in a bathtub," did not realize the superb qualities of the fine, fibreless, East Indian mangoes. Recently his group in the Office of Plant Introduction in Washington had the brilliant idea of sending a team of sweet potato growers to grow sweets in Algeria, and thus help the food situation in France. But the French Ambassador was most discouraging. Although Americans love them, the Ambassador was quite sure his own compatriots would not touch them. Once someone had placed a sweet potato on his plate at a dinner party; never again would he eat one of those things.

A number of new foods could well be introduced, in the opinion of this writer. The dasheen, a potato-like vegetable with a somewhat nutty flavour, arouses much enthusiasm on the part of the author, but with little success. He likes, too, talinum, a summer spinach from the tropics, now grown in South Florida, and chaya from Honduras, the fresh leaves of which stings one's hands but which have five times as much vitamin C as do the citrus fruits. Some foods he describes but does not indicate the degree of his own enthusiasm, or the reverse; for instance he describes a great delicacy with the Filipinos, a young unhatched duckling boiled in the shell, and also a fruit found in Zanzibar, durian, described by his colleague Tom Barbour as "a mixture of peach, garlic and almonds." These two gourmets have eaten fried grasshoppers and claim that they like the fat grubs which are found in certain forest trees. That would seem like the final step in wartime economy to some of us, but after all it should not be too big a step for lovers of sardines and shrimps. However, shrimps as we usually eat them—well buried in strong sauce—do not provide the mental hazard experienced by those entertained at state Chinese dinners where the shrimps are served alive in a centre bowl and entertain the guests between courses by scrambling out of the bowl and attempting a sneak getaway.

Last spring the C.B.C., in a laudable endeavour to save food, urged the use of rose haws, fiddle heads and other wild roots. We tried the fiddle heads, the young coiled shoots of bracken, and found them palatable, although lacking the pleasing flavour of asparagus. Like many vegetables they taste better raw than cooked. For delicacy of flavour it is hard to surpass puffballs, but they must be at just the right stage and be cooked with care. Maybe it was this broadcast which inspired the dietitian of one of our best hotels, one much haunted by parliamentarians and those who constantly beset them—at least we noted on the menu about that time dandelion greens, tripe and "lung soup." It is well that our hospitals have not had to introduce their patients to unaccustomed foods as well as face the many other difficulties resulting from the war.

* * *

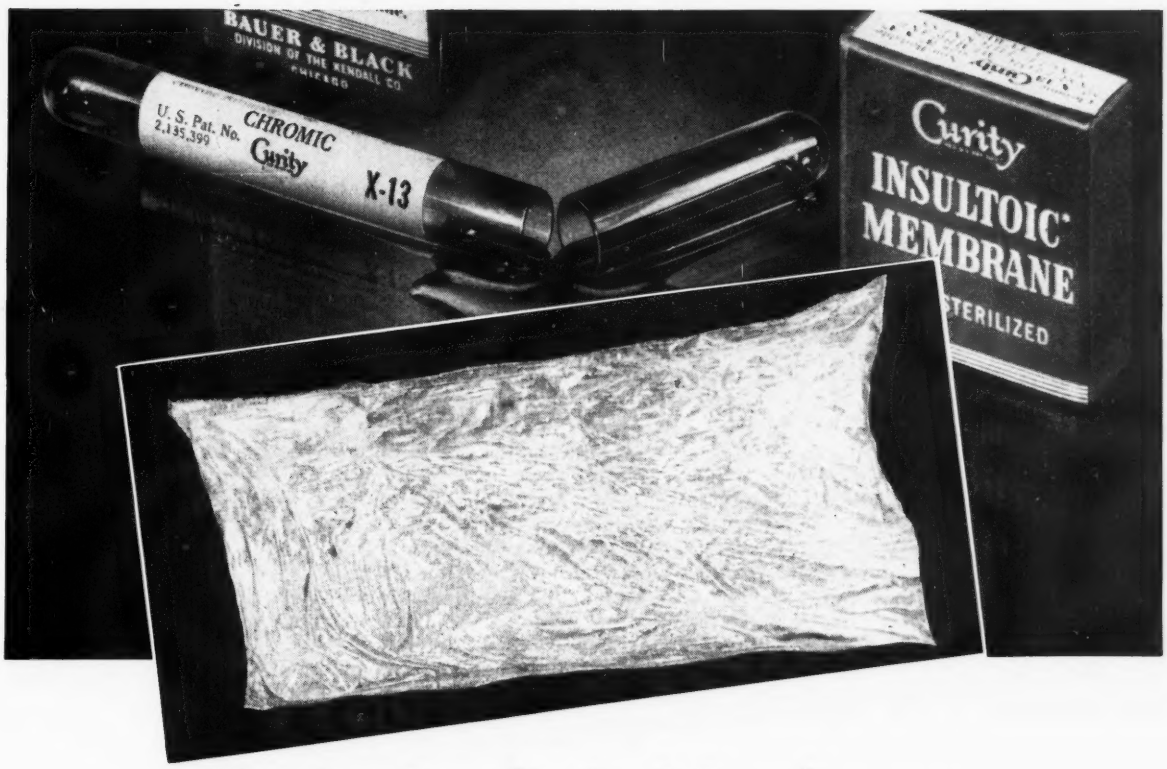
Shortages

We're short of interns, porters, nurses;
Short of sugar. What is worse is
Folks are short of temper, too;
Don't know what we're going through.
Supplies are less and prices higher;
Life is hell for any buyer.
We're not short of questionnaires.
By the hundreds, dozens, pairs
They keep coming; but we're short
Of clerks to find the right retort.
Short of drugs and alcohol.
Short of items large and small.
Pretty soon, like sundry sports,
We'll be doing work in shorts.
Long on headaches; short on sleep.
On our heads short words they heap.
Short of rubber, gas and tin.
Thank Thee, Lord, for aspirin.

* * *

What with all things getting shorter,
Save my troubles, which increase,
I've a mind to join the Army
Just to get some rest and peace.

—John H. Hayes, Superintendent, Lenox Hill Hospital, in *From Bed to Verse.*



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REG. IN CANADA

First Convention Held of New Alberta Association

"Point" System of Payment Discussed

RESULTING from the joint meeting last year of the Alberta Hospital Association and the Alberta Municipal Hospital Association, the First Convention was held in November of the new Associated Hospitals of Alberta. The two-day meeting was held in Calgary under the chairmanship of the President, Mr. James Barnes, and drew a large attendance from all parts of the province.

Point System Now Operating

The main topic of discussion was the "units of credit" or "point" system of paying hospitals which is now the basis of payment for hospitalization under the recent *Maternity Hospitalization Act.* The system adopted was based on the units of credit system outlined in *The Canadian Hospital* for November 1943, but was modified to lay emphasis upon those features essential to good maternity care. (The Alberta system is described elsewhere in this issue by Dr. A. Somerville, Inspector of Hospitals.)

Opinion was not unanimous, but the definite preponderance of opinion would seem to be that the system is both fair and satisfactory. In fact the Association voted to have its Executive co-operate with the Workmen's Compensation Board in meeting the latter's request to work out a point basis for W.C.B. payments. Several representatives of certain small hospitals were critical of the amounts allocated to them and requested that the minimum level of payment be raised twenty-five cents. Departmental officials agreed that certain adjustments might be necessary to meet specific situations.

Hon. Dr. W. W. Cross

The Hon. Dr. W. W. Cross, Minister of Health, stated that poverty is still the fear of one-third of our population. It is not the duty of hospitals to see that people have the money to pay their bills, but if hospitals could work out a plan which would permit all people to be hospitalized at $1.00 a day (i.e., personal payment at time of illness) they would receive the everlasting gratitude of the people of the province.

An interesting analysis of defects noted in the construction of various rural hospitals was made by Mr. E. E. Maxwell, Supervisor of Municipal Hospitals. Mr. Robert Dickey, General Secretary of the Alberta Tuberculosis Association, urged the routine x-raying of all hospital admissions, and was supported by Dr. Anderson. Mr. J. H. Manes, of Ingram and Bell Ltd. spoke on "The Medical and Surgical Supply Outlook for 1945." Dr. Harvey Agnew spoke on various recent developments across Canada and also led two Round Tables. Mr. Norman McClellan of Vermilion, chairman of the Municipal Hospitals Section, asked the hospitals if they are doing what they should for the returning men and women. Miss E. A. Pearston, Registrar, A.A.R.N., spoke of the work being done by that body and of the joint interests of the nurses and the hospitals. Mr. McClellan, Dr. A. F. Anderson and Miss F. J. MacWhinnie presided over the municipal administrators' and nurse sections when they met separately.

Officers

Hon. President: Hon. Dr. W. W. Cross

President: J. McD. Taylor, Hannah

Vice-President: James Barnes, Calgary

Executive: Sister A. Herman, Calgary; J. A. Gallant, Edmonton; G. E. Clay, Vermilion; L. Wilson, Drumheller

Delegates to Canadian Hospital Council: Dr. A. F. Anderson, J. McD. Taylor

Alternates: Dr. A. C. McGugan, James Barnes

Resolutions

A long list of resolutions and motions was passed by the Association. These included resolutions to:

Ask Government to reconsider basis of payment to certain hospitals under the *Maternity Hospitalization Act;*

Favour Red Cross Society maintaining blood donor clinics for civilian use after the war;

Ask Province to build suitable homes for the aged;

Ask Federal authorities to make hospital equipment now in use in military hospitals available for civilian use after the war;

Authorize Committee to work out a uniform basis of accounting for all hospitals;

Comply with request of the W.C.B. that a point system for remunerating hospitals be worked out for compensation cases;

Amend the *Alberta Hospital Act* to give the Department of Health the power to increase grants to municipal hospitals providing free hospitalization.

Approve upward revision of rates in hospitals.

Rising Costs

At the University Hospital, Edmonton, the superintendent, Dr. A. C. McGugan, states that costs have risen since January, 1941:

Food costs	49%
Salaries	25%
Maintenance	30%
Fuel	50%

Reconnaissance!

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● **SPECIFY:**

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IN BULK CONTAINERS

Constructive Addresses at Manitoba Hospital Convention

THE Manitoba Convention held in Winnipeg on November 6th and 7th was marked by a number of thoughtful addresses dealing largely with the future programme of hospitals in that province and with the principles underlying the whole system of financing social welfare. Most discussion centred about the recently-published Report on the Hospitals of Manitoba described elsewhere in this issue. Dr. O. C. Trainor, medical director of Misericordia, reviewed the Commission's Report and Mr. Alex Katz, K.C., of Dauphin, outlined the programme of the recently-appointed Manitoba Hospital Council.

Dr. Trainor, who represented the Manitoba Hospital Association as an associate member of the Welfare Supervision Board for this particular study, in appraising several features of the Report stated that there was some feeling that the Commission did not have adequate representation of individuals familiar with the practical aspects of hospital management and administration. However, the Report may well have gained by this objectivity. He expressed appreciation of the increased interim payment to hospitals and was of the opinion that the Government will probably assist financially in making proper diagnostic services—laboratory and x-ray — more available. He praised the endorsement of the "Standard Nomenclature of Diseases" in the recommendations.

Dr. G. S. Williams reported on the progress being made by a subcommittee of the Manitoba Hospital Council to develop plans for a model small hospital. The projected plans will provide for from 30 to 50 patients on one floor and a separate building for nurses. The Committee will probably lay down establishments for equipment and personnel. As yet the Committee is unable to estimate the probable cost.

Nurse Placement

Miss Olive Thomas, Reg.N., described the provincial placement service now being operated by the Manitoba Association of Registered Nurses. This is proving of value both to nurses and to hospitals and is helping to utilize nurses to the best advantage. This service is building up a valuable file of bibliographies as well as records of facilities for post-graduate work, bursaries, etc.

BCG for Nurses

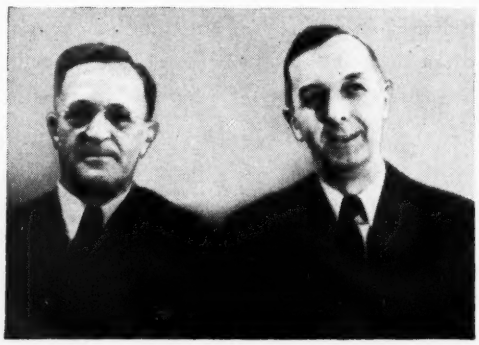
Dr. Harry Coppinger, superintendent of the Winnipeg General Hospital, urged the use of BCG vaccine for pupil nurses who are non-reactors. He strongly supported the work of Dr. Ferguson in Saskatchewan and others proving the protective value of this vaccine.

Miss Margaret Street, Reg.N., executive secretary of the Manitoba Association of Registered Nurses, regretted that most nurses graduating today had no training in tuberculosis nursing. If it is fundamental to train nurses for community service, can schools of nursing continue to close their eyes to the need for training in tuberculosis?

President Robert Hawkins, M.L.A., complimented the Commission on the excellent piece of work which had been done. He pointed out, however, that the history of commissions in Canada has not been a happy one and that there is a tendency for the public to think that the initial report settles the matter. He expressed the hope that the Council would remain as an advisory body rather than become a self-perpetuating bureaucracy. There is a danger that it may not be responsible to the people whom it is supposed to serve. He recommended further education of trustees in hospital work. He paid high tribute to the voluntary efforts of the people. "The spirit of Christian charity is well worth cherishing. We must not lose one of the highest attributes of our civilization."

An outstanding address was the Banquet Speech of Donald G. McKenzie, chief commissioner of the

Dr. H. N. MacNeill and retiring President Robert Hawkins of Dauphin.



Vice-President Judge George and incoming President Dr. O. C. Trainor.

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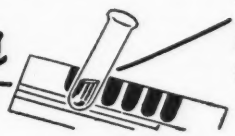

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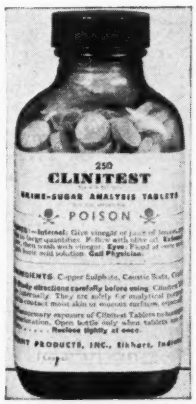


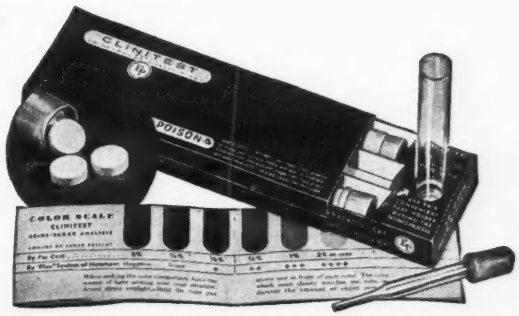
Clinitest for hospital use is available in bulk quantities of 1,000 and 3,000 tablets at special prices.

Orders for 1,000 are filled with 10 bottles of 100 tablets; while orders for 3,000 are filled with 12 bottles of 250 tablets.

Clinitest Urine-Sugar Test and Clinitest Tablet-Refill are available through your surgical supply house or prescription pharmacy. Write for descriptive literature.

COMPLETE CLINITEST SET FOR PATIENT $1.75

Complete set (as shown on the right) is self-contained. It is equipped with test tube, dropper, instruction book, color chart and enough Clinitest Tablets for 50 tests. Costs the patient $1.75. Tablet refills (for 75 tests) $1.75



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Mr. Ernest Gagnon, St. Boniface, Association Secretary, and Dr. G. S. Williams of Winnipeg.

Mr. W. R. Bell, Souris, Association Treasurer, and Dr. H. C. Coppinger, Winnipeg.

Board of Grain Commissioners for Canada. Mr. McKenzie urged sound leadership and competent citizenship if we are to preserve our democratic way of life. He regretted that in Canada there are those who would centre all power in a few individuals. What we need is more emphasis on efficiency, enterprise and expansion and less on security and protection. We are not fighting this war to let dictatorship enter by the back door when war is over.

Mr. P. W. Dawson, associate director of the Manitoba Hospital Service Association, noted that 665,000 Canadians now belong to Blue Cross Plans. Of the 165,000 in Manitoba, 30,000 live in rural Manitoba. Forty per cent of the people of Greater Winnipeg are now enrolled. Mr. Dawson was of the opinion that it is practicable and possible to enroll every man, woman and child in the province in this type of plan. His optimism rests on the moral values of voluntary effort. It takes longer, but in the end it is stronger. He urged that each hospital take an active interest in the education of community leaders.

Dr. Harvey Agnew, secretary of the Canadian Hospital Council, in his luncheon address analyzed various developments in social legislation across Canada, and discussed a number of subjects of general interest to hospitals in his morning address.

Officers

Hon. President: Ivan Schultz, K.C., Minister of Health and Public Welfare.

President: O. C. Trainor, M.D., Winnipeg.

Vice-Presidents: Judge Milton George, Deloraine; Miss L. W. Lethbridge, Reg.N., Portage la Prairie.

Secretary: Ernest Gagnon, St. Boniface.

Treasurer: W. R. Bell, Souris.

Directors: Miss Christina McLeod, Brandon; Harry Coppinger, M.D., Winnipeg.

Advisory Committee: G. S. Williams, M.D., Winnipeg; Ed. Fotheringham, Brandon; A. F. Menzies, M.D., Morden; John Gardner, Dauphin; Roy Martin, M.D., Neepawa.

Resolutions

The following is a digest of the resolutions passed:

Urging the Canadian Red Cross Society to continue the blood donor organization into the post-war period as a service to the civilian population.

Urging the War Assets Corporation to make available to civilian hospitals medical and surgical equipment when no longer of use in the Armed Forces.

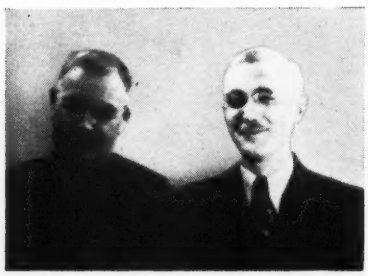
Endeavouring to obtain an increase in the W.C.B. rates.

Urging the Federal Government to make available funds for post-war construction of hospitals at a low rate of interest.

Urging the Manitoba Hospital Council to consider the inclusion of carrying charges for indebtedness in the recognized basis of cost of operation.

Heads Veteran Board

Pensions Minister Ian Mackenzie has announced the appointment of Colonel Dougall Carmichael, of Ottawa, as chairman of the War Veterans' Allowance Board.



Dr. Duggald McIntyre and Mr. Donald Cox of the Winnipeg Municipal Hospital.

Mr. F. W. L. Judge of the Winnipeg General Hospital.

Mr. R. P. Warne of Northern Credits and Mr. Peter Cornes of the Municipal Hospital Commission, Winnipeg.

● Overcrowding? He was born to it! Noise? He can't hear it! But we ask you, "Who wants to be a sardine?"

Humans are something else again. And today's overcrowding in hospitals, sets up a nerve-wracking noise that retards convalescence and ruins dispositions.

As a result, in places where increased efficiency is necessary the opposite is often the case.

There is a way to solve this problem. Sound Conditioning with Acousti-Celotex. With it people are happier. There is a new atmosphere of restfulness and quiet.

Acousti-Celotex is the famous perforated fibre tile that not only does a job of sound-conditioning, but actually improves the appearance of the room. It is easy to apply and can be repainted numberless times.

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Resolutions of the Catholic Hospital Association

THE following are among the excellent and forward-looking resolutions passed by the Catholic Hospital Association of the United States and Canada at its twenty-ninth Convention, held in St. Louis this year:

A Comprehensive Programme

Whereas, the hospital facilities in the United States of America surpass those of other countries, including countries which maintain government health programmes, in adequacy and efficiency and yet are insufficient to meet the legitimate needs and demands of the American people for hospitalization, and

Whereas, in our opinion, the Government has a measure of responsibility to supplement existing hospital facilities and services, so that those legitimate needs and demands of our people may be more adequately met;

Therefore, Be It Resolved, that we restate this Association's demand for the development of a true and comprehensive co-operative partnership of governmental and non-governmental agencies in the provision of hospital facilities for all our citizens.

Be It Further Resolved, that we urge the importance of retaining in any national health programme the professional, social, and economic advantages of the voluntary hospital system inclusive of the benefits of the Blue Cross and other satisfactory and approvable pre-payment plans.

Be It Further Resolved, that we advocate local, state, or regional initiative and responsibility to make possible to an effective degree that community control of all phases of a national health programme without which in our opinion such a programme is incapable of serving the best interests of our people.

Be It Further Resolved, that this Association again call attention to the necessity of keeping all voluntary hospitals free from governmental domination and control and of continuing the active promotion and development of all the agencies which have fostered our present high standards in hospital service.

Be It Further Resolved, that even if health and hospitalization coverage be made obligatory for any or all people in a national health programme, freedom of choice of hospitals and physicians should still be guaranteed in conformity with our national protestation as a free people.

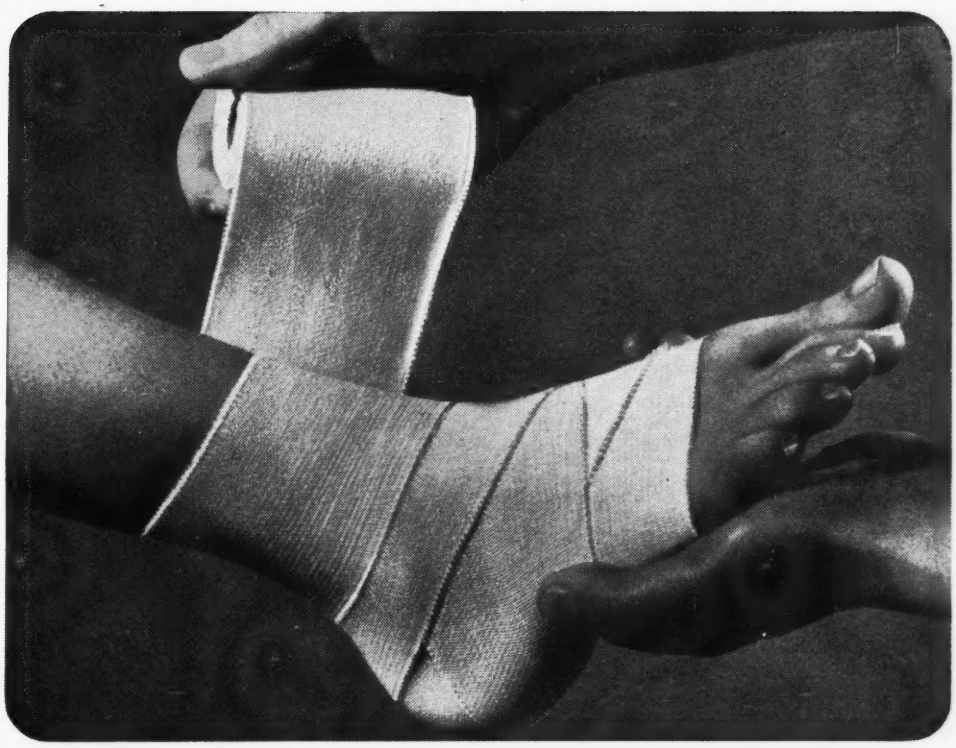
Be It Further Resolved, that, with reference to the availability of hospital facilities to meet adequately the needs of those requiring hospitalization, this Association favours the development of plans by which distinctions in the hospital between the medically indigent and those who are completely self-supporting be not based upon the essentials in hospital and medical care which is given to the patient.

Be It Finally Resolved, that we reaffirm the primacy of the spiritual element in the care of the sick in respect to the nature and quality of the service rendered to the patient and in respect to the motivation of the service, all of which must be consonant with the inherent dignity of the individual as a creature created in the image and likeness of God.

Formal Preparation for Hospital Administration

With reference to developments in hospital administration in our Catholic Hospitals, the Association *Resolves* to recommend to its member institutions:

1. To promote the better preparation of the Sister Hospital administrator as a necessary and even an imperative development in the Catholic hospital, the particular form and extent of the preparation to be determined by the Higher Superiors of the Sisterhoods, but with emphasis upon formal education extending through several years.
2. To encourage the attendance of the Sisters at Institutes on Hospital Administration provided, however, that these Institutes and meetings are held under such auspices as may be deemed competent to appreciate the particular nature and needs of our Sister's hospitals, and to develop in those in attendance viewpoints and attitudes consonant with the fundamental convictions of the Sisters in rendering hospital service.
3. To emphasize the unquestionable



E.2.

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The bandage should extend for several inches above and below the affected part; for example, in sprains of the ankle joint, it should commence at the base of the toes and finish at the upper part of the calf.

The tension of the bandage must be considerable—a loosely applied bandage fails to relieve symptoms.

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necessity of developing Sister hospital accountants for our institutions, particularly in view of the increased importance of the financial aspects of the hospital in developing institutional policies.

4. To urge our member hospitals to undertake immediately a review and if necessary a revision of their accounting methods to bring these into harmony with existing procedures and especially with the present day demands made on the hospitals business office by private and governmental agencies.

The Significance of Social Changes for the Sisterhoods Conducting Catholic Hospitals

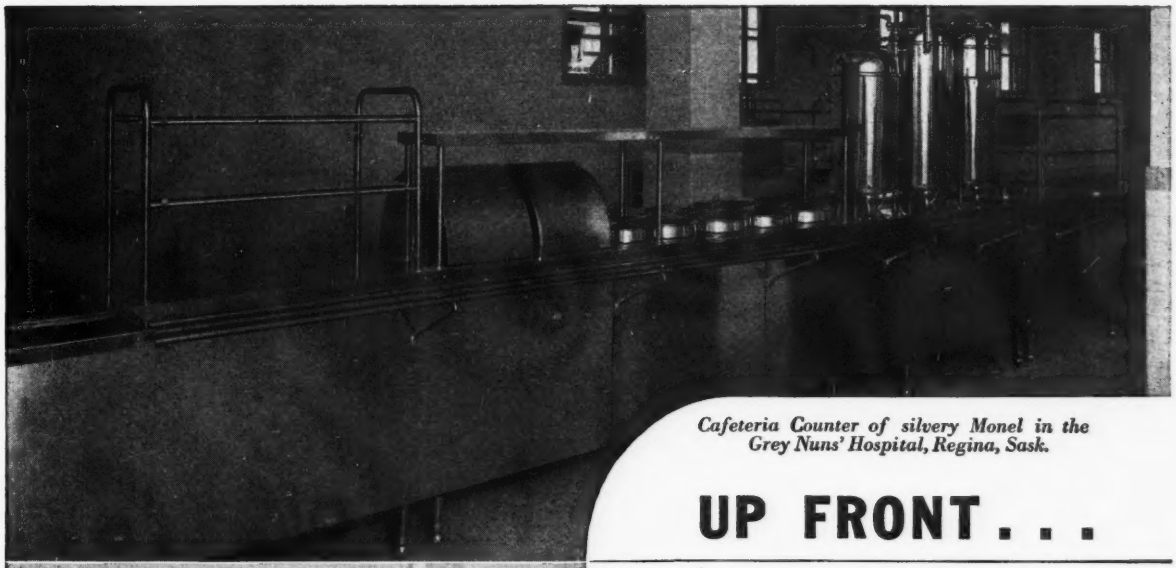
Be It Further Resolved, that the Association regard it as one of its most important and urgent problems of the post-war period to labour incessantly for the better preparation of our Sisterhoods to meet the new problems in the hospital field as these problems emerge from the present social changes. This preparation of the Sisterhoods to meet the new problems has an important bearing on ever so many fields of Catholic activity. This preparation cannot be considered adequate unless there be developed immediately in colleges and universities as well as in the hospitals themselves, broad educational programmes in many diverse fields, to educate still more of the Sisters for their positions of responsibility. This preparation implies the study of the individual hospital's prospective needs in the post-war and the development of socially sound and stable relationships with the hospital personnel for the more effective integration of the hospital's efforts. It implies also the development of more extensive as well as intensive public relationships, including those with the community and especially with the Diocese. It must be anticipated that all these phases of hospital work will have an increased and probably a dominant significance in the post-war period.

The Practice of Medicine by Hospitals

Be It Further Resolved, that this Association accept the viewpoint of some of the physician members of the staffs giving general services at the hospitals, that is, of the pathologists, the radiologists, the physician anaesthetists, and the physiotherapists, in their contention that through certain forms of contract with these physicians, the hospital actually enters into a contract to practise medicine. The member institutions of this Association are, therefore, strongly encouraged to take such steps as could eliminate all misunderstanding concerning this point by attempting to modify existing contracts if they contain features exposing the hospital to the charge of attempting to practise medicine. On the other hand, this Association is no less strongly convinced of the fact that difficulties on the matter just indicated are traceable not only to hospitals but often to the physicians, who, for one reason or another, have entered into forms of agreements with hospitals which have exposed both themselves and the hospital to the dangers of misunderstanding. The Association is convinced that its member institutions are most anxious to enter into relationships with physicians, contractual or otherwise, which imply ethically sound relationships and it requests the staff physicians of the Catholic Hospitals to devise such procedures as may be professionally defensible while the Association itself will seek to place before its members, those considerations which are in accord with sound and basic principles of ethical hospital administration.

Medical Service Plans

Be It Further Resolved, that this Association, recognizing the present economic and social situation, welcomes and endorses the inauguration of medical service plans which are organized under the auspices or at least with the approval of local or state medical societies and in the organization of which, due regard has been given to soundly ethical considerations in the practice of medicine. As a first principle in the approval of medical service plans, the Association regards the interests of the patient, comprehensively understood, as primary in accordance with the basic ethical requirements for the practice of medicine. Hence, it regards the approvability of a plan as conditioned by the unrestricted choice of physician and hospital by the beneficiary in instance of illness. It warns against the undue emphasis on economic considerations in the establishment of the plan though, to be sure, the plan's security



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UP FRONT . . .

. . . or in the rear

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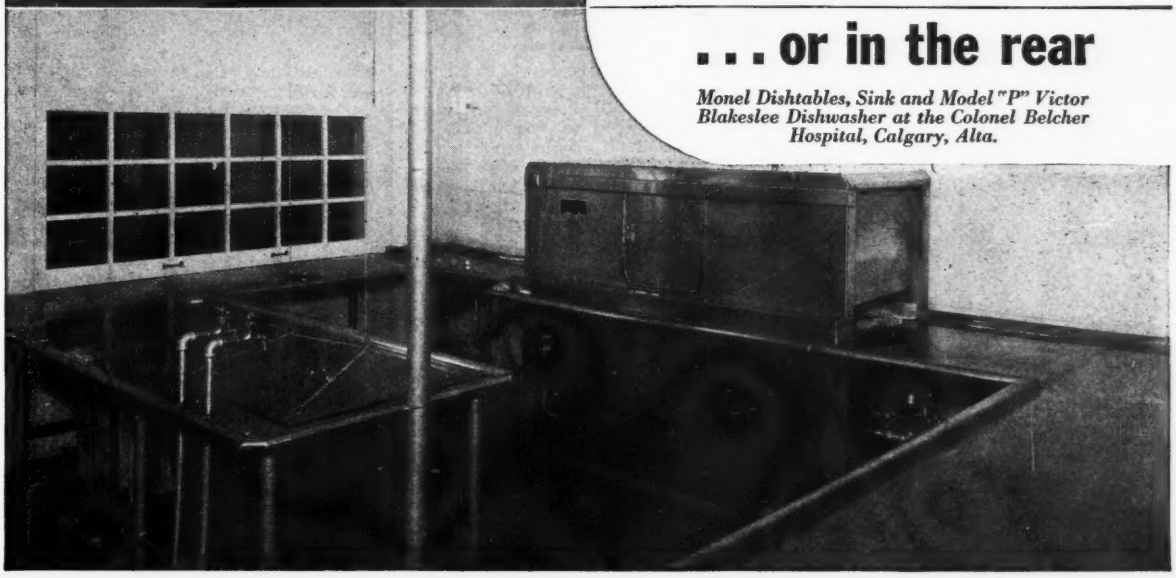

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must be both economically and actuarilly fully safeguarded. The Association would favour cash payments by the Medical Service Plans to the patients for the purchase of medical care rather than payment by the Medical Service Plan to physicians, if plans for such a form of payment can be satisfactorily developed. The Association would consider as approvable only those plans which, after meeting all the conditions laid down above, make it their primary concern to emphasize the responsibility of the patient in safeguarding his health interests and those of his family.

The Hospital in the Physical Restoration Services of the Vocational Rehabilitation Programme

Be It Further Resolved, that the attention of our member hospitals be called to the necessity of developing our departments of physiotherapy and occupational therapy, so as to insure the participation of our institutions in the rehabilitation programme. The hospitals are urged to take immediate steps in securing the services of a physician physiotherapist and of an adequate staff of physiotherapy technicians. They are urged, furthermore, to secure an occupational therapist and an adequate number of assistants. The planning and developing of properly equipped departments will occupy more time than seems to be available before the service of our institutions can be placed at the disposal of the rehabilitation service.

Medical Social Work and Social Rehabilitation

Be It Further Resolved, that this Association reaffirm its conviction repeatedly stressed in the past that strong departments of Medical Social Work in our hospitals are essential for the realization and utilization of the many opportunities for service in the health field, through the operations of the government programmes now in force, as well as for the achievement of the spiritual purposes of the Catholic hospital. At the present time when our hospitals are preparing to take their part in the rehabilitation programme, the force of these arguments must be doubled. Our institutions are urged, therefore, to take immediate steps to initiate or to develop the Medical Social Service department, to secure a competent worker and to avail themselves of the many opportunities for sound community service and influence which the development of such a department can offer.

More Extended Educational Preparation of the Laboratory Technologist

Upon recommendation of the Sister Laboratory Technologists engaged in our Catholic hospitals,

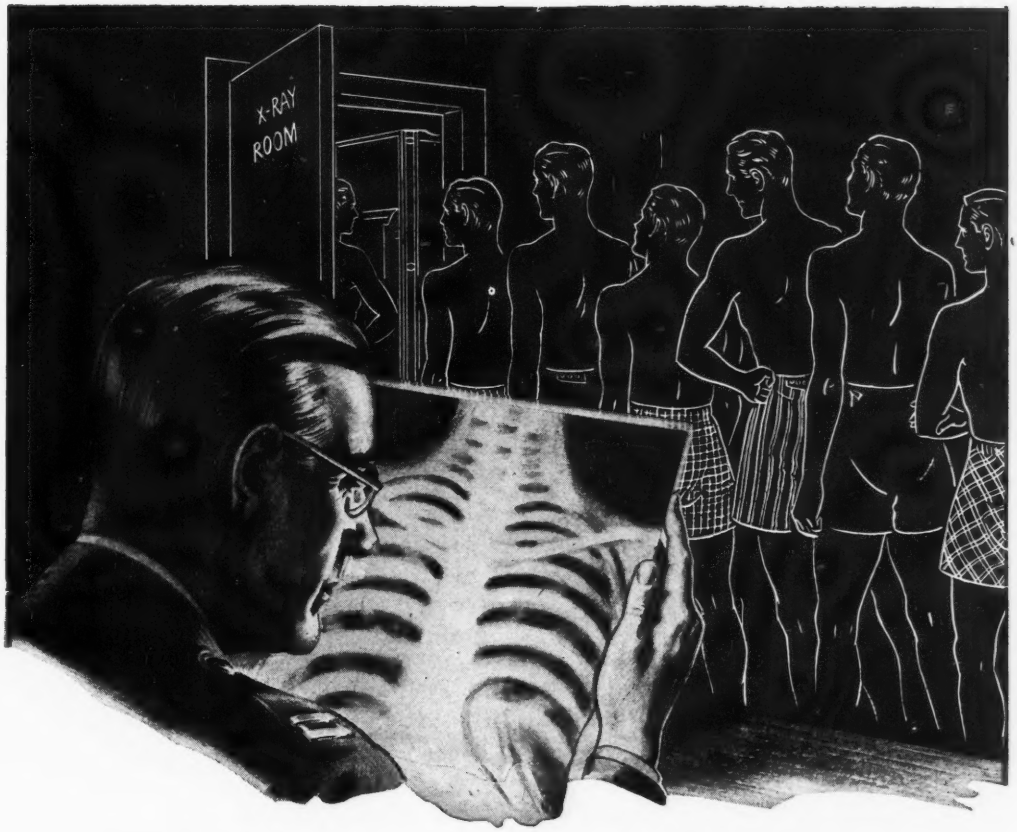
It Is Further Resolved, by this Association to counsel an extensive enrichment in the curriculum for the educational preparation of the laboratory technologists. The Sister technologists are convinced that, in view of the demands made upon the laboratory by reason of the new diagnostic and therapeutic procedures, the technologists be prepared in more exacting courses and during longer periods of study than has been customary in the past. The basic scientific preparation of the technologists must be more fully guaranteed.

The Place of the Medical Record Librarian in Hospital Service

Be It Further Resolved, that this Association endorse the claims and aspirations of the record librarians to progressively higher measures of responsibility in the hospital. The medical record librarians are not only insisting upon their most important and dignified service in the hospital, but they are insisting equally upon an adequate educational preparation for that function. The Association gratefully accepts the evaluation which these hospital workers have set upon their services.

Personnel Policies in the Catholic Hospital

Be It Further Resolved, that this Association recommend to our Catholic institutions, the development of sound personnel policies drafted in conformity with prevailing employment policies in their respective areas. While it has been assumed in the past that hospital employees constitute a separate category in the employment field of a given geographical area, under present day conditions that attitude can no longer be maintained without defining either explicitly or by implication the reasons for these differences and by offering compensatory advantages to those of our hospital employees who accept wages in our institutions lower than prevailing wages for the same or equivalent duties. This fact makes it important to all of our



Making sure they're fit to fight

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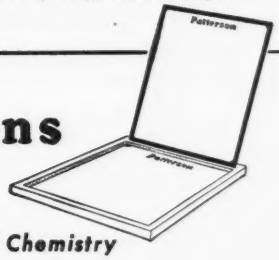

Better Things for Better Living . . . *Through Chemistry*

Catholic hospitals to define clearly the conditions of employment of each employee. The Association desires through the appointment of a committee on Personnel Problems and through the studies to be made by such a Committee to render an important service to our institutions.

Hospital Participation in Community Planning

Be It Further Resolved, that the Association hereby recommends to its member hospitals a pronounced intensification of their interest in community problems. It is becoming increasingly obvious that, due to changes in national policies, the future development of the hospital field must take more and more into consideration the needs of localities and particularly the availability of already-existing facilities. On the other hand, the Association wishes to call the attention of those who plan the location of new institutions and the extension of already-existing ones to the special needs of Catholic sections of our communities which at times rightfully require the development of hospital facilities under Catholic auspices, even though on the basis of purely statistical data the need for additional hospital facilities may not seem to be indicated. In pursuance of this resolution the Association strongly recommends to its member hospitals (a) entrusting the hospital's public relations to one or more experienced and devoted persons who will zealously maintain the required contacts, subject to the directions of the Sister Superior and of the Diocesan Hospital Director; (b) greater participation by our hospitals in the Social Planning Councils of our communities and increasing insistence in such planning councils upon the rights of hospitals to serve their clients and patients in accordance with each particular hospital's traditions, objectives, and particular spirit.

Modifications in Nursing Service

Be It Further Resolved, that, recognizing the changes in social and economic conditions which have affected all of the professions in the health field, inclusive of nursing, this Association express its readiness to accept the modifications in nursing, while at the same time emphasizing the necessity of maintaining traditional standards in nursing. In other words, the Association is prepared to recommend to its member hospitals, to accept many of the recent modifications provided that sound principles and practices are not thus sacrificed and the patients' interests are not endangered; specifically,

1. Nurse aides are rendering an indispensable service to the hospital, to its patients and staff, and are rendering an important service in fostering public relations of the hospital.

2. The service of the Red Cross Nurse Aides should be retained on the voluntary basis even during peace time.

3. The practice of group nursing in hospitals may be found very useful and satisfactory under certain conditions, provided that the co-operation of the admissions office, of the doctor, of the patients, and of the nurse can be assured.

4. The responsibilities entrusted to the professional nurse which border upon the services formerly performed by physicians in the exercise of their professional responsibility must be most carefully safeguarded so as not to endanger the patient or interfere with the physician's care of the patient.

5. The practical nurse may, under conditions existing today and under conditions likely to exist for some time to come, find an important place of usefulness in the hospital as well as in the home. The Association believes, however, that the legislative recognition of the position of practical nurse may entail implications of the utmost seriousness for the profession of nursing and for the nursing care of the nation.

The Catholic Hospital Council of Canada

Be It Further Resolved, that this Association hereby express its gratification over the establishment of the Catholic Hospital Council of Canada, developed during the last year, for the purpose of promoting the distinctly Canadian interests of the Catholic hospitals with special responsibility for legislative action and public relations. The establishment of this Council will exercise a strong influence upon hospital affairs in Canada and we hope may make more effective in this time of stress, the leadership of the Catholic hospital, which leadership in Canada has so impressive and dynamic a history.

Going on 70

Geriatrics, the science of treating elderly people, is receiving increased attention as a greater proportion of the population is listed in the higher age brackets. For various reasons, loosely fitting dental plates, poor absorption and the smaller amount of food consumed, many old people need a daily vitamin supplement.

Unicap* Vitamins are a favorite multivitamin preparation—for old or young. An ever increasing number of patients appreciate the potency and scope of the Unicap formula. They welcome the convenience of taking only one small Unicap a day, the economy afforded by its high potency and low price.

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C.H.A. Resolutions

(Concluded from page 58)

The Council on Nursing Education for Canada

Be It Further Resolved, that this Association hereby recommend to the Council on Nursing Education for Canada participation in the conference which will be organized shortly by the Association for the purpose of defining the future activities of the Catholic Hospital Association in the field of nursing education. The Association looks with favour and satisfaction upon the repeated requests of the Council on Nursing Education for Canada to arrange for participation in the school Evaluation Programme inaugurated by this Association, and it requests the Director of the Evaluation Programme and the various Committees to make available at an early date the Association's facilities to the schools and nursing of our Catholic hospitals in Canada.

Tenders Called for New Tuberculosis Hospital

Tenders were called for the erection of a 70-bed tuberculosis hospital to be built near the Vancouver General Hospital and the present tuberculosis clinic. More than 85,000 people in British Columbia were x-rayed for tuberculosis from January 1st to September 30th.

Patterson Resigns Secretaryship

Mr. George E. Patterson, acting Superintendent of the Regina General Hospital, has resigned as Secretary-Treasurer of the Saskatchewan Hospital Association, a post which he has filled ably and well for twenty-six years. Pressure of his new duties, following the resignation of Mr. C. C. Gibson, necessitated this action. Mr. John Smith of Yorkton has been appointed to this position. He has been a faithful attendant at hospital meetings for many years and is quite familiar with the problems facing the Association.

New Bulletin of M.C.C.H.A.

The Maritime Conference of the Catholic Hospital Association has issued a very helpful bulletin which contains a great deal of interesting news of the developments in various sisters' hospitals in the Maritime Provinces. The letters from each hospital review in some detail the work being undertaken in the hospitals, progress of schools of nursing, new equipment in various departments, staff changes, new undertakings, and many other notes. This bulletin has been prepared under the direction of Sister Ste. Therese de l'Enfant Jesu.

Price Trends

(On basis 1926 = 100)

	Yearly Average 1943	Oct. 1943	Sept. 1944	Oct. 1944
Building and Construction Material	121.2	124.0	127.4	127.4
Consumers' Goods (Wholesale)	97.0	97.3	97.2	97.1
	(On basis 1935-1939=100)			
Cost of Living	118.4	119.3	118.8	118.6

Administrators Consider Means of Self-Improvement

Training in hospital administration was discussed at a breakfast meeting of hospital superintendents during the Ontario Hospital Association convention in Toronto. Some 48 administrators, of whom exactly one half were Sisters, met to hear Mr. Dean Conley of Chicago, Registrar of the American College of Hospital Administrators, outline the present trends in training for administration and the programme of the College. Because of transportation difficulties, Dr. Claude Munger of New York City, President of the College, was unable to attend.

Mr. Conley emphasized that the responsibility for the training of incoming administrators rests largely with those in the field. It is of interest that a recent survey of the College revealed that less than one per cent of its members had entered the field with a formal education in hospital administration. With more such facilities now available, the trend will be for more and more young people to take advantage of these facilities and for some such training to be demanded by hospital boards.

Two hundred were admitted to the College this year, but this was only a third of the number who made application. The College is proceeding with a three-point programme: over-all refresher courses in administration; aid in the specific problems of members and fellows; and advanced work for seniors.

Dr. George F. Stephens of Montreal, College Regent for Eastern Canada, presided. Later in the day Mr. Conley, Dr. Stephens, Dr. MacEachern and a number of attending administrators met Miss Nettie Fidler and others of the Faculty of Nursing at the University of Toronto to consider ways to further improve the course in hospital administration at the University.

Son-in-Law Honoured

Air-Commodore A. D. Ross of Toronto and Winnipeg, who recently received the O.B.E. and later won the George Cross for heroic action, is a son-in-law of Mr. S. N. Wynn of Yorkton, President of the Saskatchewan Hospital Association. Air-Commodore Ross received his award, the first George Cross awarded to a member of the R.C.A.F., for conspicuous gallantry in the heroic rescue of the crew of a burning bomb-laden Halifax bomber. He lost an arm in the resulting explosion.

Toronto City Council Increases Hospital Grant

The municipal grant for indigent patients in Toronto hospitals has been increased by approximately $100,000 for the year.

By an Order-in-Council of last June, the provincial government offered to raise its grant from 60 to 75 cents per day, provided the municipality would also increase its grant by 25 cents. In line with this policy, it had at first been proposed to raise the municipal grant to $2.19, an increase of 44 cents over the former rate of $1.75 per diem. It was later decided, however, to make an outright grant approximately equal to the suggested per diem increase. This resolution was passed unanimously by the city council.

Sydney Lamb Retires

Mr. Sydney Lamb, M.B.E., F.H.O.A., General Secretary of the Merseyside Hospitals Council, retired in September, after nearly 40 years of service for the community.

Mr. Lamb has been widely known in America because of his development of the "1d in £" (penny in the pound) plan of hospital insurance, one of the best known of the regional plans in Great Britain. Mr. Lamb was honorary secretary and treasurer of the International Hospitals Association prior to the war, and in that capacity became widely known to hospital readers throughout the world.

Some years ago he paid a visit to this continent and was highly honoured by the American Hospital Association and the American College of Surgeons. Mr. Lamb has a remarkable personality in which are coupled boundless energy and enthusiasm and a deep interest in life and in his fellow man. His many friends wish for Mr. Lamb many long years of opportunity to follow the many other activities in which he has an interest.

Internships to be Extended

As we go to press we are informed that the interns in uniform now serving in civilian hospitals will be permitted a 12-months' internship instead of eight, as with recent classes. This has been decided because many of the medical schools have so arranged their schedule of instruction that the next class of graduates will not be available until early in June. This plan will avoid leaving a gap in the intern services in many hospitals between February and June, 1945.

In the case of at least one large school the present senior class will graduate in February. Arrangements are being made for these graduates to take certain necessary military courses in the interval between the date of graduation and their reporting for their internships in June. More specific information will be announced when available.

Appointment at Kentville

Mrs. Hope Mack has been appointed superintendent of the Blanchard-Fraser Memorial Hospital at Kentville, N.S. Mrs. Mack was formerly superintendent of nurses at the Nova Scotia Sanatorium.

F. J. Coombs New Head of Toronto Western

Mr. F. J. Coombs has been elected president of the Toronto Western Hospital, succeeding the late Alex Fasken, K.C., who was killed in a highway accident several weeks ago.

Alberta Government to Give $360,000 for Nurses' Home

The provincial government of Alberta has decided to contribute $360,000 towards the cost of building the main section of a nurses' home at the University Hospital at Edmonton. Total cost of the home will be in excess of $600,000. Present plans call for construction of the main section only, to house sleeping quarters and class rooms for 350 nurses serving the hospital. Construction probably will not begin until next spring.

Female Minimum Wage Raised in Alberta

Effective December 1st, new female minimum wage and hours of work regulations have been announced by the Alberta Department of Trade and Industry. These apply to the office staff of hospitals but not to other employees.

The new weekly minimum wage is to be $15.00 for a 30-hour or more week. The wages set for inexperienced female help shall be not less than $10.00 a week for the first month, $12.00 a week for the second month and $14.00 during the third month. Thereafter the minimum of $15.00 will apply.

Where the work week is less than 30 hours, the employee shall be paid not less than 35 cents an hour and not less than $1.40 when her shift each day consists of four consecutive hours or less, not including mealtime.

Inexperienced workers on an hourly or piece work basis must be paid wages not less than minimums set out above for the first three months of apprenticeship.

Time in excess of the hours per week specified or in excess of any lesser customary hours established by practice shall be paid at the rate of time-and-one-half. Deductions for meals and/or lodging: per 18 meals in a full week of six days, $2.50; 21 meals in a week of seven days, $3.00; single meals 15 cents; lodging for seven days, $1.50. (These are at variance with income tax stipulations.) Uniforms to be free and laundry to be included. No deductions for accidental breakage. Not more than 25 per cent of employees may be inexperienced.

There shall be a period of 24 consecutive hours off in every period of seven days. These regulations do not interfere with the regulations respecting maximum hours of labour hitherto prevailing.

Blood Flown Directly to Paris

Blood from American civilians is now flowing through the veins of soldiers wounded in Europe within 24 hours after it is donated in this country! On October 12 the Army Transport Command began flying whole blood direct to Paris instead of first to a relay station in Scotland. As a result the blood is available for transfusion within 24 hours after it is drawn from "O" type donors in Boston, New York and Washington. More than 750 pints is now being flown across daily—but the need for both whole blood and plasma is becoming more and more urgent as the number of casualties increases.

Control of Insect Pests

(Continued from page 37)

1. Buy a good insecticide from a *reputable* company, making sure that it is registered under the P.C.P. Act.

2. Be sure that the application in each case is thorough, complete and repeated frequently.

3. If possible, have the rooms heated to 80 deg. F. This will give faster and better results.

4. If you are in doubt as to the methods to be used, call your supplier and he will bring in his entomologist.

5. Always have a supply of insecticide on hand.

The Wellcome Foundation Ltd.

The Wellcome Foundation is a unique undertaking by which all the distributable profits of a business concern have been bequeathed in perpetuity to the service of humanity.

The late Sir Henry Wellcome left all the shares of the Wellcome Foundation Ltd. vested in his Trustees, whose work was to be "the advancement of research work bearing upon medicine, surgery, chemistry, physiology, bacteriology, therapeutics, materia medica, pharmacy and allied subjects, and any subject or subjects which have or at any time may develop an importance from the invention and improvements of medicinal agents and methods for the prevention and cure of diseases and control or extermination of insect or other pests."

They are also charged with the maintenance of a fund for the establishment or endowment of research museums or libraries in any part of the world and for the collection of information of every kind connected with the history of medicine and allied sciences which in their opinion may be desirable. The Foundation itself owns a world-famous historical medical museum and a museum of medical science, as well as a medical library of some 250,000 volumes. These facilities are available to research workers and educationists, and in normal times are used extensively.

The Wellcome Bureau of Scientific Research comprises elaborate and well-staffed laboratories for research in physiology, chemistry and entomology, and has made some very valuable contributions to scientific knowledge.

Funds for these various activities are supplied by the profits from Burroughs Wellcome & Co., a chemical and pharmaceutical corporation whose organization is world-wide.

Nurse Jailed on Drug Charge

Pleading guilty of illegal possession of morphine, Miss B. B. Hamilton, assistant superintendent of York County Hospital, Newmarket, Ontario, was sentenced to six months in prison in November. A fine of $200 and costs was also imposed with an alternative of an additional six months' term.

A similar sentence was imposed following conviction on a charge of illegal possession of heroin, to which charge she had pleaded not guilty. On a third charge of stealing a quantity of drugs from York County, to which she pleaded guilty, she was sentenced to six months without fine. All sentences will run concurrently.

Miss Hamilton blamed worry and overwork when pleading guilty. She admitted taking a small quantity of morphine for her own use but stated that she was not responsible for all of the narcotics missing.

Changes Made at Hospital

Several appointments and promotions were announced by the board of management of the Montreal General Hospital. Dr. R. E. Powell has been appointed head of the department of urology; Dr. J. E. Pritchard has been named pathologist to the hospital and director of the department of pathology and bacteriology; Dr. F. S. Patch and Dr. J. A. Nutter have been promoted to the consulting staff of the hospital. Dr. N. T. Williamson has been appointed head of the department of orthopaedics.

Sigerist Report

(Continued from page 29)

few years, a leave of absence for post-graduate study with full salary. A system of superannuation should be established for all salaried physicians.

Physicians: The only remedies to increase the number of physicians in the Province are to make conditions of practice more attractive, and to develop the medical school of the University into a complete Grade A Medical School. The creation of such a school would provide an ideal opportunity to set a new pattern for medical education, to train the physician not of yesterday but of tomorrow, the type of physician which the province will need for its social medical service.

Nurses

The National registration of nurses carried out in March, 1943, revealed an undeniable shortage in the province. The following points might be considered in order to relieve the situation:

1. Improvement of working and living conditions of nurses, with the provision of superannuation.
2. Provision of *scholarships* and bursaries.
3. Financial assistance for the establishment of a *central nurses' placement bureau.*
4. With suitable supervision, it should be possible to arrange for student nurses to receive part of their experience in small hospitals, which now cannot offer facilities that justify the establishment of a school.
5. The shortage of nurses in rural hospitals, sanatoria and mental hospitals could also be partly remedied by the employment of practical nurses or *nurses' aides* who would assist nurses in their work.
6. *Nurse-Midwives:* There are numerous sections of the province which have no physician, and which, particularly during the winter, are cut off from hospitals. In such regions a nurse-midwife could render invaluable services, without encroaching upon the field of the physician.

Medical Social Workers: Consideration should be given to the training of medical social workers who would be attached to the larger hospitals and the District Health Centres.

Recommendations for Immediate Action

1. Establishment of a *Saskatchewan Health Services Planning Commission* whose immediate tasks would be the following:
   - (a) To determine the cost of the various services recommended.
   - (b) To outline the boundaries of the Health Districts.
   - (c) To work out in detail the needs of one or two sample districts, to determine the services required to satisfy these needs, and their cost.
   - (d) To make an inventory of those municipalities and L.I. D.s which at present have no medical service whatsoever and to determine what action has to be taken to relieve them without delay.
   - (e) To study a scheme of compulsory health insurance for the population of the eight cities.
2. To select, as soon as feasible, qualified young medical graduates for

post-graduate study, notably in the fields of public health, psychiatry and cancer control.

3. To select qualified registered nurses for post-graduate training in midwifery.

4. To build a home for mental defectives.

5. To lay plans for the extension of the Medical School and for the construction of a University Hospital.

6. To lay plans for hospitalization and prenatal care, delivery and post-natal care of *all maternity* cases, from public funds.

7. To provide for complete medical services to old age pensioners, widows and orphans, and to patients suffering from mental diseases and venereal diseases, from public funds.

8. To establish, as soon as feasible, dental school clinics in the cities and travelling dental clinics in the rural districts, providing dental care to school children to the age of sixteen, from public funds.

"Point" System Adopted

(Continued from page 31)

if all baby linen is autoclaved 10;
if adequately rinsed 5;
doctors' rest room (facilities specified) 5;
if bassinets 6 inches apart 20;
if in racks of three 10, in racks of six 5;
temperature controlled at 68-72 degrees 5;
20 sq. feet of floor per bassinet 30;
impervious flooring 5;
bathing room 30;
premature nursery or incubators 25;
isolation nursery—facilities specified—20;
formula room—facilities specified —25;
13. Instruments (30) if owned by hospital 10; routine instruments available in each case room—specified—10; special instruments available in the hospital—specified—10.

(In addition to proper equipment, proper procedures within the Maternity Department are a pre-requisite to a Maternity Hospitalization Agreement.)

Point System of Payment Asked by Alberta W.C.B.

The Alberta Compensation Board has declined to consider further adjustments of the per diem rate to hospitals until the Associated Hospitals of Alberta adopt a "Point" or "units of credit" basis by which the W.C.B. can vary payment according to the facilities provided. This the Association has agreed to do.

Maternity Cases Favour Hospitals

Some 92 per cent of the babies born in settled parts of Alberta are now born in hospital. For the province, as a whole, 82 per cent are born in hospital.

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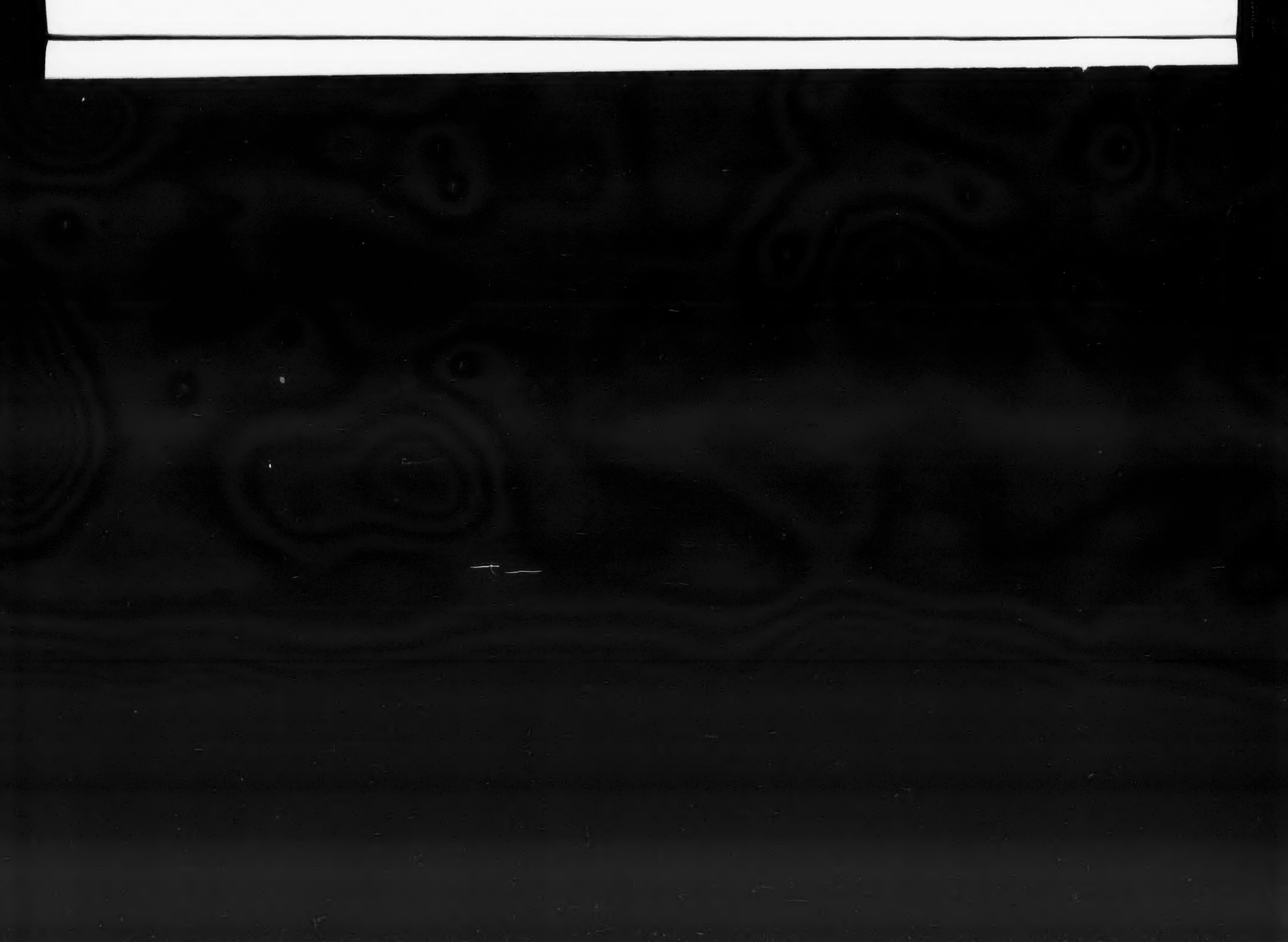

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IN as much as Faith—what man believes in—is paramount, so does Christmas each year bring comfort and joy into the hearts of all.

We hope that the beauty and love of the first Christmas will ease all suffering and bring new hope to a confused world.